

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S38813

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** NEURODIMENSION, INCORPORATED

**Current Principal Place of Business:**

3701 NW 40TH TERRACE  
SUITE 1  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

3701 NW 40TH TERRACE  
SUITE 1  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

**FEI Number:** 59-3065185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REID, STEVEN A.  
314 NE 4TH AVENUE  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

REID, STEVEN A.  
4343 W NEWBERRY RD  
GAINESVILLE, FL 32607 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVEN A. REID

04/26/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: REID, STEVEN A.  
Address: 4343 W NEWBERRY RD SUITE 2  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D  
Name: GENIESSE, JAMES G D  
Address: 5425 NW 15 PLACE  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D  
Name: LYNN, GARY W V  
Address: 1162 EQUESTRIAN DRIVE  
City-St-Zip: SOUTH LYON, MI 48178 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN A REID

D

04/26/2010

Electronic Signature of Signing Officer or Director

Date