

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036930

Entity Name: CLINICAL NEUROSCIENCE SOLUTIONS, INC.

Current Principal Place of Business:

6750 TURKEY LAKE ROAD
SUITE 3
ORLANDO, FL 32819

Current Mailing Address:

6750 TURKEY LAKE ROAD
SUITE 3
ORLANDO, FL 32819

FEI Number: 59-3602109

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HATCHER, STEPHEN BESQ
315 E. ROBINSON STREET
SUITE 600
ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WEST, SCOTT
Address 6750 TURKEY LAKE ROAD, SUITE 3
City-State-Zip: ORLANDO FL 32819

Title VP
Name KEARNEY, DAN
Address 6750 TURKEY LAKE ROAD 3RD
FLOOR
City-State-Zip: ORLANDO FL 32819

Title VP
Name WOOD, TERRIE
Address 6750 TURKEY LAKE ROAD THIRD
FLOOR
City-State-Zip: ORLANDO FL 32819

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: SCOTT WEST

PRESIDENT

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date