

**2024 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:**

THOMPSON, ANDREW H ESQ.  
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:** ANDREW THOMPSON

01/09/2024

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**

01/09/2024

Electronic Signature of Signing Officer/Director Detail

Date