

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 10, 2012
Secretary of State**

DOCUMENT# N10000002826

Entity Name: NEUROSCIENCE CENTERS OF FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

3661 S. MIAMI AVE., STE 210
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3661 S. MIAMI AVE., STE 210
MIAMI, FL 33133

New Mailing Address:

FEI Number: 27-2199258 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBINETT, TAMARA M
2640 NE 135 STREET
APT 306
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C
Name: HORSTMAYER, JEFFREY L MD
Address: 3661 SOUTH MIAMI AVE, SUITE 209
City-St-Zip: MIAMI, FL 33133 US

Title: S
Name: LACHTERMAN, STEVEN ESQ
Address: 2655 LE JEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T
Name: BRESLIN, THOMAS A PHD
Address: FLORIDA INTERNATIONAL UNIVERSITY, DM432
City-St-Zip: MIAMI, FL 33199 US

Title: BM
Name: DASBURG, JOHN H
Address: 1200 BRICKELL AVEUE, 16TH FL
City-St-Zip: MIAMI, FL 33131 US

Title: BM
Name: TORRES, NESTOR L
Address: 10101 E. BAY HARBOR ROAD, #28
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

Title: BM
Name: DESIMONE, VINCENT
Address: 800 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY L. HORSTMAYER, MD FAAN

C

04/10/2012

Electronic Signature of Signing Officer or Director

_____ Date