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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N18836

(9)

Principal Place of Business 28960 U.S. HWY 19 N. SUITE 100 CLEARWATER FL 34621 28980 U.S. HWY 19 N. SUITE 100 CLEARWATER FL 34621 3. Date Incorporated or Qualified 01/21/1987 01/21/1987 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 4. FEI Number 59-2788443 Not Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional	HEAD INJURY SUPPORT, INC.								
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CLARK, LYNN S38 NEW YORK AVENUE DUNEON FL 34698 18	Zip	·	— · — —	— ´		8. This corporation has liability for intangible tax under s. 199.032,			
Signature DP		9. Name and Address of Curren		<u> </u>					
Signature DP				81	Name_,	104 1401N			
SAS NEW YORK AVENUE DUNEDIN FL 34698 38 49 CIVAL IN HARBO FL 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above narmed corporation submits this statement for the purpose of changing its registered algority or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appoinment as registered agent, I am familiar with and accept the respinitions of, Section 617.0502 by the decision of the provisions of the	CLARK, LYNN				Street Addre	iss (P.O. Poy Number is Not Accepts	hla)		
11. Pursuant to the provisions of Sections 617, 0502 and 617, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the exposition's board of directors. I hereby accept the appointment as registered agent, i can familiar with, and accept the appointment as registered agent, i can familiar with, and accept the appointment as registered agent, i can familiar with, and accept the appointment as registered agent, i can familiar with a proposition's board of directors. I hereby accept the appointment as registered agent, i can familiar with a proposition's board of directors. I hereby accept the appointment as registered agent, i can familiar with a proposition's board of directors. I hereby accept the appointment as registered agent, i can familiar with a proposition's board of directors. I hereby accept the appointment as registered agent, i can familiar with a proposition's board of directors. I hereby accept the appointment as registered agent, i can familiar with a proposition's board of directors. I hereby accept the appointment as registered agent, i can familiar with a proposition's board of directors. I hereby accept the appointment as registered agent, i can familiar with a proposition's board of directors. I hereby accept the appointment as registered agent, i can familiar with a proposition's board of directors. I hereby accept the appointment accept the	538 NEV	V YORK AVENUE		"	4400	WINDING WILL	LOW DRIE	VE	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Priorida. Such change was suthinized by the corporation's board of directors. I nereby secret the appropriate as registered agent and a count the purpose of changing its registered office or registered agent, or both, in the State of Priorida. Statutes. SIGNATURE SECRET ADDRESS OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ACIDITIONIS/CHANGES TO OFFICERS AND DIRECTORS 11.1 III.E DP	DUNEDI	N FL 34698		83					
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		by certify that the information supplied v	with this filing is voluntarily furnishe			r the exemption stated in Section 11	9.07(3)(k), Florida Statut	es. I further	

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

in Clark (Lyon Clary) Dir.

4-16-96

7866800 Daytime Phone #