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Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18836

1. Corporation Name

HEAD INJURY SUPPORT, INC.

[redacted]

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified | 3a. Date of Last Report: 04/30/96

2. Principal Place of Business
21: 4400 WINDING WILLOW DR
22: Suite, Apt. #, etc.
23: City & State: PALM HARBOR, FL
24: Zip: 34683
25: Country:

2a. Mailing Address
26: 4400 WINDING WILLOW DR
27: Suite, Apt. #, etc.
28: City & State: PALM HARBOR, FL
29: Zip: 34683
30: Country:

4. FEI Number: 59-2788443 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LYNN CLARK
4400 WINDING WILLOW DRIVE
PALM HARBOR, FL 34683

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL | 85 Zip Code

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 corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LYNN CLARK	12 NAME	
STREET ADDRESS	4400 WINDING WILLOW DRIVE	13 STREET ADDRESS	4400 WINDING WILLOW DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 34683	14 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	TREASURER TD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LYNN LABRANCHE	22 NAME	
STREET ADDRESS	2539 GARY CIR # 301	23 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	24 CITY-ST-ZIP	
TITLE	SECRETARY SD ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	RUTH OLER	32 NAME	
STREET ADDRESS	3211 LANDMARK DR # 5505	33 STREET ADDRESS	
CITY-ST-ZIP	CLEAR WATER FL 34621-1907	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynn Clark Ph.D. Lynn Clark, Ph.D. Pres 4/28/97 (813) 785-5150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #