2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 AM
Secretary of State

DOCUMENT# N18836

Entity Name: HEAD INJURY SUPPORT, INC.

Current Principal Place of Business:

4400 WINDING WILLOW DR.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

4400 WINDING WILLOW DR.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-2788443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, LYNN
4400 WINDING WILLOW DRIVE
PALM HARBOR, FL 34683 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: DP ( ) Delete
Name: CLARK, LYNN,
Address: 4400 WINDING WILLOW DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: SD ( ) Delete
Name: OILER, RUTH
Address: 3211 LANDMARK DR. #5505
City-St-Zip: CLEARWATER, FL 346211907

Title: TD ( ) Delete
Name: LABRANCHE, LYNN
Address: 2539 GARY CIR. #301
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: LABRANCHE, LYNN
Address: 1820 SHIRLEY CT
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LYNN CLARK, PH.D. DP 06/13/2002

Electronic Signature of Signing Officer or Director — Date