2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002826

Entity Name: NEUROSCIENCE CENTERS OF FLORIDA FOUNDATION, INC.

FILED
Apr 26, 2013
Secretary of State
CC7178174563

Current Principal Place of Business:

2150 CORAL WAY 8TH FLOOR MIAMI, FL 33145

Current Mailing Address:

2150 CORAL WAY 8TH FLOOR MIAMI, FL 33145 US

FEI Number: 27-2199258 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBINETT, TAMARA M 2640 NE 135 STREET APT 306

NORTH MIAMI, FL 33181 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title C Title S

Name HORSTMYER, JEFFREY L DR. Name LACHTERMAN, STEVEN ESQ

Address 3661 SOUTH MIAMI AVE, SUITE 209 Address 2655 LE JEUNE ROAD

City-State-Zip: MIAMI FL 33133 City-State-Zip: CORAL GABLES FL 33134

Title T Title BM

Name BRESLIN, THOMAS A PHD Name DASBURG, JOHN H

Address FLORIDA INTERNATIONAL Address 1200 BRICKELL AVEUE, 16TH FL

UNIVERSITY, DM432 City-State-Zip: MIAMI FL 33131

City-State-Zip: MIAMI FL 33199

Title DIRECTOR

Name SCHLOSSMAN. STUART

Name TORRES, NESTOR L

Address 10101 E. BAY HARBOR ROAD, #28

Address 8669 SW 51ST STREET

City-State-Zip: COOPER CITY FL 33328

City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title DIRECTOR

Name RISHE, NAPHTALI PHD
Address NSF CENTER AT FIU

11200 SW 8TH STREET

City-State-Zip: MIAMI FL 33199

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. HORSTMYER, MD CHAIRMAN 04/26/2013