

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002826

**FILED**  
**Feb 01, 2023**  
**Secretary of State**  
**6489617006CC**

**Entity Name:** NEUROSCIENCE CENTERS OF FLORIDA FOUNDATION, INC.

**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:** No

**Name and Address of Current Registered Agent:**

ROBINETT, TAMARA M  
2351 DOUGLAS ROAD  
APT 1101  
MIAMI, FL 33145 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  
Name HORSTMYER, JEFFREY L DR.  
Address 3661 SOUTH MIAMI AVE, SUITE 209  
City-State-Zip: MIAMI FL 33133

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

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

Title DIRECTOR  
Name DASBURG, JOHN H  
Address 1200 BRICKELL AVEUE, 16TH FL  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name RISHE, NAPHTALI PHD  
Address NSF CENTER AT FIU 11200 SW 8TH STREET  
City-State-Zip: MIAMI FL 33199

Title DIRECTOR  
Name DWYER, PATRICK  
Address 200 SO BISCAYNE BLVD SUITE 4500  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name GROSSMAN, DIVINA  
Address 10225 SW 68TH CT.  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR  
Name DASBURG, JOHN PAUL  
Address 98 SE 7TH STREET  
City-State-Zip: MIAMI FL 33131

*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

C

02/01/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date