

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002826

FILED
Apr 22, 2015
Secretary of State
CC0877279191

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
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
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 TORRES, NESTOR L
Address 10101 E. BAY HARBOR ROAD, #28
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

Title DIRECTOR
Name DWYER, PATRICK
Address 200 SO BISCAYNE BLVD
SUITE 4500
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

CHAIRMAN

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date