2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2024
Secretary of State
6623868594CC

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Entity Name: BRAIN INJURY FLORIDA, INC.

Current Principal Place of Business:

19321 US HWY 19 NORTH,
307
CLEARWATER, FL 33764

Current Mailing Address:

19321 US HWY 19 NORTH,
307
CLEARWATER, FL 33764 US

FEI Number: 92-0243890

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOGALI LAW GROUP, P.A.
19321 US HWY 19 N
SUITE 307
CLEARWATER, FL 33764 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	D, VP
Name	NAGELE, DREW A PHD
Address	410 LODGES LANE
City-State-Zip:	ELKINS PARK PA 19027

Title	D, S
Name	GYURKE, JIM
Address	503 OLD GROVE DRIVE
City-State-Zip:	LUTZ FL 33548

Title	D
Name	GULLEY, TEAH
Address	13367 WRENWOOD DR.
City-State-Zip:	HUDSON FL 34669

Title	DIRECTOR
Name	ELKIND, BRANT
Address	360 BANANA LANE
City-State-Zip:	FORT PIERCE FL 34982

Title	D, COMPTROLLER
Name	ARMINGTON, DENNIS R
Address	12775 HORSEFERRY ROAD SUITE 200
City-State-Zip:	CARMEL IN 46032

Title	D
Name	COLAZZO, ERICK
Address	1950 SW 7TH STREET
City-State-Zip:	BOCA RATON FL 33486

Title	D
Name	RAYBURN, CARRIE
Address	HCA FLORIDA WEST HOSPITAL 8383 N. DAVIS HWY.
City-State-Zip:	PENSACOLA FL 32514

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: DENNIS R ARMINGTON PRESIDENT 02/22/2024

Electronic Signature of Signing Officer/Director Detail — Date