FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725142 (4)

1. Corporation Name

THE BRYAN W. ROBINSON NEUROLOGICAL FOUNDATION, I NC.

Principal Place of Business	Mailing Address
1401 CENTERVILLE RD SUITE 300 TALLAHASSEE FL 32308-4639	1401 CENTERVILLE RD SUITE 300 TALLAHASSEE FL 32308-4639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1972
3a. Date of Last Report: 03/02/1994
4. FEI Number: 23-7236154 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

PROCTOR, H. PALMER
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	MIDYETTE, PAYNE H. JR.	1.2 NAME		
STREET ADDRESS	240 N. MAGNOLIA DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CROWLEY, JENNY H	2.2 NAME		
STREET ADDRESS	1401 CENTERVILLE RD. STE 300	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	MOWELL, JOHN B	3.2 NAME		
STREET ADDRESS	407 EAST 6TH AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALL FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, JULIA	4.2 NAME		
STREET ADDRESS	613 PIEDMONT DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALL FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☑ Change ☐ Addition
NAME	VROOM, FREDERICK Q.	5.2 NAME		
STREET ADDRESS	1401 CENTERVILLE RD. STE 300	5.3 STREET ADDRESS	2801 Edenderry Dr.	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	5.4 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	D	6.1 TITLE		☑ Change ☐ Addition
NAME	METTLER, ELIO	6.2 NAME	Delete - Elio Mettler	
STREET ADDRESS	RT. 7 BOX 1362	6.3 STREET ADDRESS	is deceased	
CITY-ST-ZIP	TALL FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-12-95 (904) 877-5715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

097144

15742

THE BRYAN W. ROBINSON NEUROLOGICAL FOUNDATION, INC.

(FORMERLY – THE TALLAHASSEE NEUROLOGICAL FOUNDATION)
A NON-PROFIT CORPORATION

(904) 877-5115
1401 CENTERVILLE RD. – SUITE 300
TALLAHASSEE MEMORIAL PROFESSIONAL OFFICE BUILDING
TALLAHASSEE, FLORIDA 32308

April 11, 1995

TO: Florida Secretary of State
Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, Florida 32302-1500

RE: Complete LIsting of Directors/Officers of the Bryan W. Robinson Neurological Foundation, Inc.

President: Frank M. Davis, M.D.
1401 Centerville Rd #300
Tallahassee, FL 32308

Vice-
President: Fred Mc Cord
50 Bellac
Tallahassee, FL 323-8

Secretary: H. Palmer Proctor
227 S. Calhoun Street
Tallahassee, FL 32301

Treasurer: Harry Mullikin
P. O. Box 1387
Tallahassee, FL 32302

Directors: Jenny H. Crowley
1401 Centerville Rd. #300
Tallahassee, FL 32308

Julia Robinson
613 Piedmont Rd.
Tallahassee, FL 32312

Fred Q. Vroom
2801 Edenderry Dr.
Tallahassee, FL 32308

Directors: David Robinson
1401 Centerville Rd. #400
Tallahassee, FL 32308

James D. Geissinger, M.D.
2113 Orleans Drive
Tallahassee, FL 32308

Payne H. Midyetter, Jr.
240 N. Magnolia Drive
Tallahassee, FL 32302

George Langford
P. O. Box 2235
Tallahassee, FL 32304

John B. Mowell
407 E. 6th Ave.
Tallahassee, FL 32303