

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 32308-4638**

**1401 CENTERVILLE RD
SUITE 300
TALLAHASSEE FL 32308-4638**



3. Date Incorporated or Qualified

12/29/1972

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**
MIDYETTE, PAYNE H. JR.
STREET ADDRESS **240 N. MAGNOLIA DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE ☐ DELETE

NAME **D**
CROWLEY, JENNY H
STREET ADDRESS **1401 CENTERVILLE RD. STE 300**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE ☐ DELETE

NAME **D**
MOWELL, JOHN B
STREET ADDRESS **407 EAST 6TH AVE.**
CITY-ST-ZIP **TALL FL**

TITLE ☐ DELETE

NAME **D**
ROBINSON, JULIA
STREET ADDRESS **613 PIEDMONT DR.**
CITY-ST-ZIP **TALL FL**

TITLE ☐ DELETE

NAME **D**
VROOM, FREDERICK Q.
STREET ADDRESS **2801 EDENDERRY DR**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE ☐ DELETE

NAME **D**
ROBINSON, DAVID
STREET ADDRESS **1401 CENTERVILLE RD. #400**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/D

Frank M. Davis, M.D.

**1401 Centerville Rd. #300
Tallahassee, Florida 32308**

VP/D

Fred McCord

**50 Bellac
Tallahassee, Florida 32303**

S/D

**H. Palmer Proctor
227 S. Calhoun Street
Tallahassee, Florida 32301**

T/D

**Harry Mullikin
1714 Mahan Center Boulevard
Tallahassee, Florida 32308**

D

**James D. Geissinger, M.D.
6186 Pickwick Road
Tallahassee, Florida 32308**

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)(k), 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 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank M. Davis, M.D.

3/4/96

Date

(904) 877-5115

Daytime Phone #

CR2E037 (12/95)