

Document Number
F95000002143

CT CORPORATION SYSTEM
Requestor's Name
660 EAST JEFFERSON STREET
Address
TALLAHASSEE FL 32301 222-1092
City State Zip Phone
CORPORATION(S) NAME

300001471143
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*****70.00 *****70.00

The American Board of Clinical Neurophysiology, Inc

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|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input checked="" type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| | | <input type="checkbox"/> Fictitious Filing |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. The American Board of Clinical Neurophysiology, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware
(State or country under the laws of which it is incorporated)

3. 10/21/93 4. Perpetual
(Date of Incorporation) (Duration)

5. 23-7061848
(Federal Employer Identification number, if applicable)

6. April 3, 1995
(Date corporation first conducted affairs in Florida. See sections 617.1501, 617.1502, and 617.155, F.S.)

7. 301 Sweetwater Boulevard, North, Longwood, Florida 32779
(Current mailing address)

8. To plan, administer and provide examinations to certify physicians involved in clinical neurophysiology throughout the United States.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Names and addresses of officers and/or directors:

A. Directors:

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: (see attached list)

Address: _____

Director: _____

Address: _____

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B. Officers:

President: (see attached list)

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T CORPORATION SYSTEM, 1200 S. Pine Island Rd.,
Plantation, Florida 33324

Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By:

Kevin J. Gallagher
Abst. Vice President
(Title)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. Michael Q Aminoff
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Michael Aminoff, Chairman
(Typed or printed name and capacity of person signing application)

THE AMERICAN BOARD OF CLINICAL NEUROPHYSIOLOGY, INC.

OFFICERS

Michael Aminoff	Chairman	505 Parnassus, San Francisco, CA 94143
William Hobbs	Secretary/ Treasurer	Blue Ridge Hospital, Charlottesville, VA 22903

DIRECTORS

John Ebersole	333 Cedar St., New Haven, CT 06510
Ronald Emerson	710 W. 168th St., New York, NY 10032
Robin Gilmore	1600 NW Archer Rd., Gainesville, FL 32610
Marc Nuwer	710 Westwood Plaza, Los Angeles, CA 90024
S. Chakroverty	151 Knollcraft Rd., Basking Ridge, NJ 07939
Rodney Radtke	Trent Drive, Duke University, Durham, NC 27710

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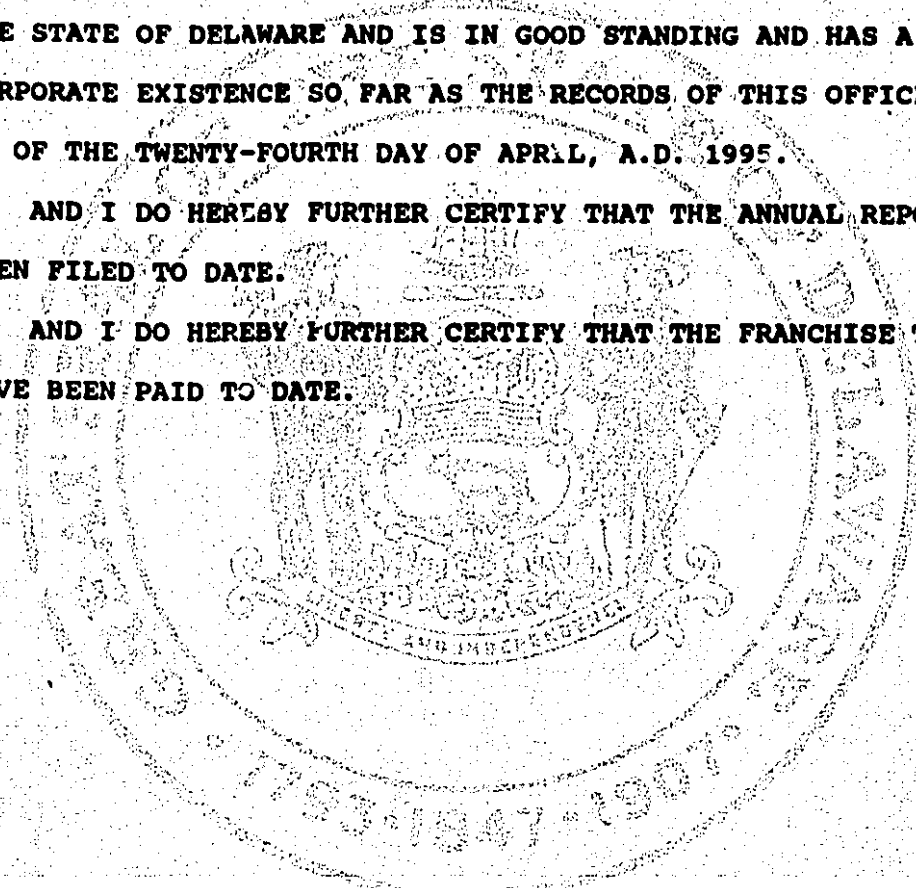
State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE AMERICAN BOARD OF CLINICAL NEUROPHYSIOLOGY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF APRIL, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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Edward J. Freel
Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

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04-24-95