# F950000al43

CT CORPORATION SYSTEM		
Requestor's Name 660 EAST JEFFERSON STRE	<b>29</b>	3000014711
Addrees TALLAHASSEE FL 323(		-05/02/950109001 *****70.00 ******70
City State Zip	Phone	
CORPORATI	ON(8) NAME	
		•
The American Bo	and of Clinical	Veuraphysiology, I-c
		/ / //
( ) Profit		5 9 A
64 NonProfit () Limited Liability	() Amendment	() Merger
(≬ Foreign	() Dissolution/Wi	
( ) Limited Partnership	() Annual Report	
() Reinstatement	() Reservation	() Change of R.A. () Fict of Filing
() Certified Copy	() Photo Copies	() CUS:#
() Call When Ready (a) Walk In	() Call if Problem	
() Mail Out	() Will West	Ř.) Pick Up
Vame Availability	<u> </u>	
Document	٥٤:٤٥	PLEASE RETURN EXTRA COPIES FILE STAMPED
Examiner	5-2-5	
Updater		SECR DIVISION 95 HA)
Veriller Acknowledgment		- 957
- William Control of the Control of	•	\(\sigma_1\hat{\pi_2}\)

CR2E031 (1-.

SECRETARY OF STATE STATE OF CORPORATIONS (

## WEST CALCULATEGRACION MODIFICATION OF THE CONTRACTOR OF THE CONTRA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUB-MITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZA-TION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(Name of corporation: must include the word "INCORPORATED" or "CORPORA words or abbreviations of like import in language as will clearly indicate that it is a instead of a natural person or partnership if not so contained in the name at present instead of a natural person or partnership if not so contained in the name at present instead of a natural person or partnership if not so contained in the name at present instead of a natural person or partnership if not so contained in the name at present instead of a natural person or partnership if not so contained in the name at present instead of a natural person or partnership if not so contained in the name at present instead of a natural person of the name at present instead of a natural person of the name at present instead of a natural person of the name at present instead o	words or abbreviation instead of a natural p	ns of like import in la	unquage as will cl	early indicate that	t It is a co
(State or country under the laws of which it is incorporated)  3. 10/21/93					
(State or country under the laws of which it is incorporated)  3. 10/21/93			ひがん あいしゃおかいしん かんしん		
(Date of Incorporation)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Ederal Employer Identification number, if applicable)  (Ederal Employer Identification number, if applicable)  (Date corporation first conducted affairs in Florida. See sections 617.1501, 617.15817.155, F.S.)  (Ederal Employer Identification number, if applicable)  (Date corporation first conducted affairs in Florida. See sections 617.1501, 617.15817.155, F.S.)  (Current mailing address)  To plan, administer and provide examinations to certify plan involved in clinical neurophysiology throughout the United (Purpose(s) of corporation authorized in home state or country to be carried out in Florida)  9. Names and addresses of officers and/or directors:  A. Directors:  Chairman:  Address:  Vice Chairman:  Address:  (see attached list)		country under the la	aws of which it is	ncorporated)	alikus Alikaki. Sustasa us
(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, 617.15817.155, F.S.)  7. 301 Sweetwater Boulevard, North, Longwood, Florida, 32779  (Current mailing address)  To plan, administer and provide examinations to certify plan involved in clinical neurophysiology throughout the United (Purpose(s)) of corporation authorized in home state or country to be carried out in Florida)  9. Names and addresses of officers and/or directors:  A. Directors:  Chairman:  Address:  Vice Chairman:  Address:  (see attached list)					
(Federal Employer Identification number, if applicable)  6. April 3, 1995 (Date corporation first conducted affairs in Florida. See sections 617.1501, 617.15817.155, F.S.)  7. 301 Sweetwater Boulevard, North, Longwood, Florida 32779 (Current mailing address)  To plan, administer and provide examinations to certify pinolived in clinical neurophysiology throughout the United (Purpose(s) of corporation authorized in home state or country to be carried out in Florida)  9. Names and addresses of officers and/or directors:  A. Directors: Chairman: Address:  Vice Chairman: Address:  (see attached list)		(ation)		Perpetual	
(Federal Employer Identification number, if applicable)  6. April 3, 1995 (Date corporation first conducted affairs in Florida. See sections 617.1501, 617.15817.155, F.S.)  7. 301 Sweetwater Boulevard, North, Longwood, Florida 32779 (Current mailing address)  To plan, administer and provide examinations to certify plan involved in clinical neurophysiology throughout the United (Purpose(s) of corporation authorized in home state or country to be carried out in Florida)  9. Names and addresses of officers and/or directors:  A. Directors: Chairman: Address:  Vice Chairman: Address:					
(Date corporation first conducted affairs in Florida. See sections 617.1501, 617.15817.155, F.S.)  7. 301 Sweetwater Boulevard, North, Longwood, Florida 32779 (Current mailing address)  To plan, administer and provide examinations to certify plants, involved in clinical neurophysiology throughout the United (Purpose(s) of corporation authorized in home state or country to be carried out in Florida)  9. Names and addresses of officers and/or directors:  A. Directors: Chairman: Address:  Vice Chairman: Address:	·	(Federal Employer Id	dentification num	per, if applicable)	
7. 301 Sweetwater Boulevard, North, Longwood, Florida 32779 (Current mailing address)  To plan, administer and provide examinations to certify plan involved in clinical neurophysiology throughout the United (Purpose(s) of corporation authorized in home state or country to be carried out in Florida)  9. Names and addresses of officers and/or directors:  A. Directors: Chairman: Address:  Vice Chairman: Address:	April 3, 1995				
(Current mailing address)  To plan, administer and provide examinations to certify plan involved in clinical neurophysiology throughout the United (Purpose(s) of corporation authorized in home state or country to be carried out in Florida)  9. Names and addresses of officers and/or directors:  A. Directors: Chairman: Address:  Vice Chairman: Address:  Director: (see attached list)	Date corporation firs 317.155, F.S.)	it conducted affairs i	in Florida. See si	actions 617.1501,	617.150
(Current mailing address)  To plan, administer and provide examinations to certify plan involved in clinical neurophysiology throughout the United (Purpose(s) of corporation authorized in home state or country to be carried out in Florida)  9. Names and addresses of officers and/or directors:  A. Directors: Chairman: Address:  Vice Chairman: Address:  Director: (see attached list)	301 Sweetwate	r Boulevard, N	orth. Longwoo	d. Florida	32770
(Purpose(s) of corporation authorized in home state or country to be carried out in Florida)  9. Names and addresses of officers and/or directors:  A. Directors: Chairman: Address:  Vice Chairman: Address:  Director: (see attached list)		(Current m	nailing address) 🦟		14.2000
(Purpose(s) of corporation authorized in home state or country to be carried out in Florida)  9. Names and addresses of officers and/or directors:  A Directors: Chairman: Address:  Vice Chairman: Address:  Director: (see attached list)	To plan, admi involved in c	nister and pro-	vide examinat	ions to cert	ify phy
Vice Chairman: Address:  Director: (see attached list)	The state of the s				
Address:  Director: (see attached list)	Address:	<b>的</b> 种的是一个一种模型的			
Address:  Director: (see attached list)					aa ila s
Address:  Director: (see attached list)			, a sastina e prima la se. Se para Maria Coa e della		
Director: (see attached list)	/ice Chairman:				للتعاريف والمائلين
	Address:				
				mark and the second	
Address:	Director: (see	attached list			
	\ddress:		•		
					1
		<del></del>	-		
Director:			the state of the s		
Address:	Director:			<u> </u>	

The are the second of the seco	attached list?		denough tenteres	<b>2007年1月1日</b>
Address:			ELECTION SECTION	
Vice President:				
Address:				35 55 E
		图片 电影響 经收收		52 28
Secretary:				2 GR
\ddress:	30. 新闻着智慧的高高。 17 kg/kg			S S
				<b>U</b>
reasurer:				
ddress:				
			general, a k	
Name: Office Address:	C T CORPORATION		n s Pine 1	cland Rd
	Plantation		0.5.5.4	
	Tantation	.Floric	8 22224	
		, Floric	Zip Co	de
	acceptance:		Zip Co	
Having been name tated corporation at the r	acceptance: d as registered agent a	nd to accept service	Zip Co	r the above
Having been named tated corporation at the part and ad	acceptance: d as registered agent a place designated in this	nd to accept service application, I hereb	Zip Co	r the above ppointment
Having been named tated corporation at the part and a s registered agent and a rovisions of all statutes re	acceptance:  d as registered agent as  blace designated in this  gree to act in this capace  clative to the proper and	nd to accept service application, I hereb ity. I further agree	Zip Co of process for accept the a	r the above ppointment
Having been named tated corporation at the particles of a s registered agent and a rovisions of all statutes re	acceptance:  d as registered agent as  blace designated in this  gree to act in this capace  clative to the proper and	nd to accept service application, I hereb ity. I further agree	Zip Co of process for accept the a	r the above ppointment
Having been named tated corporation at the part and a s registered agent and a rovisions of all statutes re	acceptance:  d as registered agent as  blace designated in this  gree to act in this capace  clative to the proper and	nd to accept service application, I hereb ity. I further agree	Zip Co of process to y accept the a to comply with ance of my du ed agent Tooklon Trois	r the above ppointment the ties, and I
Having been named lated corporation at the passess of all statutes re manufactures of all statutes of all stat	acceptance: d as registered agent as blace designated in this gree to act in this capac blative to the proper and of the obligations of my	nd to accept service application, I herebity. I further agree I complete performation as register as:    Literal   Literal	Zip Co of process to y accept the a to comply with ance of my du ed agent Tooklon Trois J Gall Proces Vice Procest	r the above ppointment the ties, and I
Having been named tated corporation at the particle of a sequence of all statutes remained accept the familiar with and accept the familiar with an accept the familiar with a certification of this application	acceptance: d as registered agent as lace designated in this gree to act in this capacelative to the proper and it the obligations of my attended to the Department of St.	nd to accept service application, I herebity. I further agree I complete performance in the performance in the service in the	Zip Co  of process for y accept the a to comply with ance of my duried agent.  J Gall Provided Complete (Process)  e than 90 days of State or of the complete (Process)	r the above ppointment the ties, and I
Having been named tated corporation at the partial state of all statutes remained accept the familiar with and accept the familiar with and accept the familiar with and accept the familiar with an accept the familiar with a corporation at the particular with a corporation accept the familiar with a corporation accept the corporation accept the familiar with a corporation accept the co	acceptance: d as registered agent as lace designated in this gree to act in this capace elative to the proper and the obligations of my attended to the Department of State records in the jurisdictions.	nd to accept service application, I herebity. I further agree I complete performance in the performance in the service in the	Zip Co  of process for y accept the a to comply with ance of my duried agent.  J Gall Provided Complete (Process)  e than 90 days of State or of the complete (Process)	r the above ppointment the ties, and I er dent
Having been named tated corporation at the passessered agent and agrovisions of all statutes remarkable metalliar with and accept a statute of the statute o	acceptance: d as registered agent as place designated in this gree to act in this capace plative to the proper and at the obligations of my at the designation of the Department of St. the records in the jurisdiction.	nd to accept service application, I herebity. I further agree I complete perform position as register as:    Section   Secretar tion under the law of the service application and the law of the law o	Zip Co of process for y accept the a to comply with ance of my dured agent.  J Gall Horror Vice (Prest) (Trick) e than 90 days y of State or of which it is incomply to the complete of the co	r the above ppointment the ties, and I
Having been named tated corporation at the partial state of all statutes remained accept the familiar with and accept the familiar with and accept the familiar with and accept the familiar with an accept the familiar with a corporation at the particular with a corporation accept the familiar with a corporation accept the corporation accept the familiar with a corporation accept the co	acceptance: d as registered agent as place designated in this gree to act in this capace plative to the proper and at the obligations of my at the designation of the Department of St. the records in the jurisdiction.	nd to accept service application, I herebity. I further agree I complete perform position as register as:    Section   Secretar tion under the law of the service application and the law of the law o	Zip Co of process for y accept the a to comply with ance of my dured agent.  J Gall Horror Vice (Prest) (Trick) e than 90 days y of State or of which it is incomply to the complete of the co	r the above ppointment the ties, and I
Having been named tated corporation at the particle of agent and agrovisions of all statutes remarkable of an familiar with and accept a statute of this application aving custody of corporation aving custody of corporation (Signature of Chairman, Michael Aminoff	acceptance: d as registered agent as place designated in this gree to act in this capace elative to the proper and the obligations of my author the Department of State records in the jurisdiction.	nd to accept service application, I herebity. I further agree I complete perform position as register as:    Section   Secretar area   Secretar area	Zip Co of process for y accept the a to comply with ance of my dured agent.  J Gall Horror Vice (Prest) (77:00) e than 90 days y of State or of which it is income.	r the above ppointment the ties, and I

#### THE AMERICAN BOARD OF CLINICAL NEUROPHYSIOLOGY, INC.

#### **OFFICERS**

Michael Aminoff Chairman 505 Parnassus, San Francisco, CA 94143

William Hobbs Secretary/ Blue Ridge Hospital, Charlottesville, VA

Treasurer 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, FL32610

Marc Nuwer 710 Westwoor Plaza, Los Angeles, CA

90024

S. Chakroverty 151 Knollcraft Rd., Basking Ridge, NJ

07939

Rodney Radtke Trent Drive, Duke University, Durham, NC

27710

### State of Delaware

## Office of the Secretary of State

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 HAVE BEEN PAID TO DATE.



**AUTHENTICATION:** 

7482045

DATE:

04-24-95

0704322 8300

950089083