

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 # **F95 00000 2143**

1. Corporation Name

The American Board of Clinical
Neurophysiology, Inc.

Principal Place of Business

Mailing Address

301 Sweetwater Blvd., N. 301 Sweetwater Blvd. N.
Longwood, FL 32779 Longwood, FL 32779

3. Date Incorporated or Qualified
05/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7061848

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

C T Corporation System
1200 South Pine Island Road
Plantation FL 33324

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME **C Aminoff, Michael**

1.2 NAME **D Chokroverty, S.**

STREET ADDRESS **505 Parnassus**

1.3 STREET ADDRESS **151 Knollcroft Rd.**

CITY-ST-ZIP **San Francisco CA 94143**

1.4 CITY-ST-ZIP **Basking Ridge, NJ 07939**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **ST Hobbs, William**

2.2 NAME **D Radtke, Rodney**

STREET ADDRESS **Blue Ridge Hospital**

2.3 STREET ADDRESS **Trent Dr., Bell Building**

CITY-ST-ZIP **Charlottesville VA 22903**

2.4 CITY-ST-ZIP **Durham, NC 27710**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **D Ebersole, John**

3.2 NAME **700001743647**

STREET ADDRESS **333 Cedar ST.**

3.3 STREET ADDRESS **--03/14/96--01088--034**

CITY-ST-ZIP **New Haven CT 06510**

3.4 CITY-ST-ZIP *****61.25**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D Emerson, Ronald**

4.2 NAME

STREET ADDRESS **710 W. 168th St.**

4.3 STREET ADDRESS

CITY-ST-ZIP **New York NY 10032**

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D Gilmore, Robin**

5.2 NAME

STREET ADDRESS **1600 NW Archer RD.**

5.3 STREET ADDRESS

CITY-ST-ZIP **Gainesville, FL 32610**

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D Nuwer, Marc**

6.2 NAME

STREET ADDRESS **710 Westwood Plaza**

6.3 STREET ADDRESS

CITY-ST-ZIP **Los Angeles CA 90024**

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)(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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William R Hobbs** William Hobbs, M.D.

804-924-2365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-3-96** Daytime Phone # **804-924-2365**

CR2E037 (12/95)