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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002143 (4)**

1. Corporation Name

THE AMERICAN BOARD OF CLINICAL NEUROPHYSIOLOGY, INC.

Principal Place of Business

Mailing Address

**301 SWEETWATER BLVD., N.
LONGWOOD FL 32779**

**301 SWEETWATER BLVD., N.
LONGWOOD FL 32779-2516**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1995		3a. Date of Last Report 03/14/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 23-7061848		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMINOFF, MICHAEL	1.2 NAME	Radtke, Rodney
STREET ADDRESS	505 PARNASSUS	1.3 STREET ADDRESS	Trent Dr., Bell Bldg.
CITY-ST-ZIP	SAN FRANCISCO CA 94143	1.4 CITY-ST-ZIP	Durham, NC 27710
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOBBS, WILLIAM	2.2 NAME	Douglas Goodin
STREET ADDRESS	BLUE RIDGE HOSPITAL	2.3 STREET ADDRESS	505 Parnassus St.
CITY-ST-ZIP	CHARLOTTESVILLE VA 22903	2.4 CITY-ST-ZIP	San Francisco, CA 94143
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERSOLE, JOHN	3.2 NAME	
STREET ADDRESS	333 CEDAR ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT 06510	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMERSON, RONALD	4.2 NAME	Harris Hauser
STREET ADDRESS	710 W 168TH ST.	4.3 STREET ADDRESS	7777 SW Freeway, #1104
CITY-ST-ZIP	NEW YORK NY 10032	4.4 CITY-ST-ZIP	Houston, TX 77074
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, ROBIN	5.2 NAME	
STREET ADDRESS	1800 NW ARCHER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32610	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUWER, MARC	6.2 NAME	Chokroverty, S.
STREET ADDRESS	710 WESTWOOD PLAZA	6.3 STREET ADDRESS	153 West 11th St.
CITY-ST-ZIP	LOS ANGELES CA 90024	6.4 CITY-ST-ZIP	New York, NY 10011

14. I do hereby certify that the information supplied with this filing 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:

 **John Ebersole**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97 407-788-2081

Daytime Phone # 0012024

CR2E037 (9/96)