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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/02/1995

4. FEI Number

23-7061848

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

**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

TITLE	D	<input type="checkbox"/> DELETE
NAME	RADTKE, RODNEY	
STREET ADDRESS	TRENT DR., BELL BLDG.	
CITY-ST-ZIP	DURHAM NC	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODIN, DOUGLAS	
STREET ADDRESS	505 PARNASSUS ST.	
CITY-ST-ZIP	SAN FRANCISCO CA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	EBERSOLE, JOHN	
STREET ADDRESS	333 CEDAR ST.	
CITY-ST-ZIP	NEW HAVEN CT 06510	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EMERSON, RONALD	
STREET ADDRESS	710 W 168TH ST.	
CITY-ST-ZIP	NEW YORK NY 10032	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	GILMORE, ROBIN	
STREET ADDRESS	1600 NW ARCHER RD	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NUWER, MARC	
STREET ADDRESS	710 WESTWOOD PLAZA	
CITY-ST-ZIP	LOS ANGELES CA 90024	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hauser, Harris
4.3 STREET ADDRESS	7777 S.W. Freeway, #1004
4.4 CITY-ST-ZIP	Houston, TX 77074

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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

[Handwritten Signature]

2388

(un)2882804

CR2E037 (10/97)