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Mar 03, 1999 8:00 am
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03-03-1999 90001 004 ****61.25

0015153

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002143

1. Corporation Name

THE AMERICAN BOARD OF CLINICAL NEUROPHYSIOLOGY,
INC.

Principal Place of Business

301 SWEETWATER BLVD., N.
LONGWOOD FL 32779

Mailing Address

301 SWEETWATER BLVD., N.
LONGWOOD FL 32779



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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
NAME RADTKE, RODNEY
STREET ADDRESS TRENT DR., BELL BLDG.
CITY-ST-ZIP DURHAM NC

TITLE D
NAME GOODIN, DOUGLAS
STREET ADDRESS 505 PARNASSUS ST.
CITY-ST-ZIP SAN FRANCISCO CA

TITLE C
NAME EBERSOLE, JOHN
STREET ADDRESS 333 CEDAR ST.
CITY-ST-ZIP NEW HAVEN CT 06510

TITLE D
NAME HAUSER, HARRIS
STREET ADDRESS 7777 S.W. FREEWAY, #1004
CITY-ST-ZIP HOUSTON TX 77074

TITLE ST
NAME GILMORE, ROBIN
STREET ADDRESS 1600 NW ARCHER RD
CITY-ST-ZIP GAINESVILLE FL

TITLE D
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

C ☒ Change ☐ Addition

☐ Change ☐ Addition

D Kaplan, Peter ☐ Change ☒ Addition

4940 Eastern Ave. ☐ Change ☐ Addition

Baltimore, MD 21224 ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)