

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 11, 2002 8:00 am**
Secretary of State

02-11-2002 90096 043 ****61.25

DOCUMENT # F95000002143

1. Entity Name

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

Principal Place of Business

Mailing Address

**618 SWEETWATER COVE BLVD SOUTH
LONGWOOD FL 32779****618 SWEETWATER COVE BLVD SOUTH
LONGWOOD FL 32779**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7061848

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **RADTKE, RODNEY**
STREET ADDRESS **TRENT DR., BELL BLDG.**
CITY-ST-ZIP **DURHAM NC**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GOODIN, DOUGLAS**
STREET ADDRESS **505 PARNASSUS ST.**
CITY-ST-ZIP **SAN FRANCISCO CA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KAPLAN, PETER**
STREET ADDRESS **4940 EASTERN AVE**
CITY-ST-ZIP **BALTIMORE MD 21224**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HOROWITZ, SANDRA**
STREET ADDRESS **483 WORCESTER**
CITY-ST-ZIP **FRAMINGHAM MA 01701**TITLE **ST** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☒ Delete
NAME **GILMORE, ROBIN**
STREET ADDRESS **1600 NW ARCHER RD**
CITY-ST-ZIP **GAINESVILLE FL**TITLE **D** ☐ Change ☒ Addition
NAME **Schoemer, McDonald**
STREET ADDRESS **330 Brookline Ave.**
CITY-ST-ZIP **Boston, MA 02215**TITLE **D** ☐ Delete
NAME **YAMADA, THORU**
STREET ADDRESS **200 HAWKINS DRIVE**
CITY-ST-ZIP **IOWA CITY IA 52242**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RODNEY RADTKE, Chairman

Date

Daytime Phone #

1/14/02 407-788-2084

CR2E037 (9/01)