

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 # F95000002535 (1)

1. Corporation Name

**THE AMERICAN BOARD OF REGISTRATION OF ELECTROENC
EPHALOGRAPHIC AND EVOKED POTENTIAL TECHNOLOGIES.**

Principal Place of Business

P.O. BOX 916633
LONGWOOD FL 32791-6633

Mailing Address

P.O. BOX 916633
LONGWOOD FL 32791-6633



3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. 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 **P** ☐ DELETE

NAME **ALTMAN, CINDRA**
STREET ADDRESS **601 NORTH 30TH ST.**
CITY-STATE-ZIP **OMAHA NE**

TITLE **T** ☐ DELETE

NAME **THOMAS, KAREN**
STREET ADDRESS **8360 PARAGON RD.**
CITY-STATE-ZIP **CENTERVILLE OH**

TITLE **S** ☐ DELETE

NAME **WIRCH, ADELE**
STREET ADDRESS **1959 N.E. PACIFIC**
CITY-STATE-ZIP **SEATTLE WA**

TITLE **D** ☐ DELETE

NAME **APPENZELLER, BECKY**
STREET ADDRESS **RT 1, BOX 62A**
CITY-STATE-ZIP **GENOA WI**

TITLE **D** ☒ DELETE

NAME **DRAKE, MILES**
STREET ADDRESS **1655 UPHAM DRIVE**
CITY-STATE-ZIP **COLUMBUS OH**

TITLE **D** ☐ DELETE

NAME **ERWIN, ANDREA**
STREET ADDRESS **DUKE UNIVERSITY, TRENT DR.**
CITY-STATE-ZIP **DURHAM NC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Michael Frost, M.D.**
1.3 STREET ADDRESS **310 North Smith Avenue**
1.4 CITY-STATE-ZIP **St. Paul, MN 55102**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Lewis Kull**
2.3 STREET ADDRESS **15 Warwick Road**
2.4 CITY-STATE-ZIP **Brookline, MA 02146**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Paul Levisohn, M.D.**
3.3 STREET ADDRESS **701 E. Hampden Ave.**
3.4 CITY-STATE-ZIP **Englewood, CO 80110**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Clayton Pollert**
4.3 STREET ADDRESS **1404 Cedar Place**
4.4 CITY-STATE-ZIP **Opaaska, WI 54650**

5.1 TITLE **Riki Rager Dir.** ☐ Change ☒ Addition

5.2 NAME **710 East Haven Drive**
5.3 STREET ADDRESS **Glencoe, AL 35905**
5.4 CITY-STATE-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **Linda Webster**
6.3 STREET ADDRESS **50 North Medical Drive**
6.4 CITY-STATE-ZIP **Salt Lake City, UT 84132**

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:

Karen L. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-788-6308

CR2E037 (12/95)