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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002535 (1)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

P.O. BOX 916633  
LONGWOOD FL 32791-6633

P.O. BOX 916633  
LONGWOOD FL 32791-6633



3. Date Incorporated or Qualified

**05/24/1995**

4. FEI Number

**54-1607478**

Applied For

Not Applicable

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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALTMAN, CINDRA</b>	
STREET ADDRESS	<b>601 NORTH 30TH ST.</b>	
CITY-ST-ZIP	<b>OMAHA NE</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, KAREN</b>	
STREET ADDRESS	<b>8360 PARAGON RD.</b>	
CITY-ST-ZIP	<b>CENTERVILLE OH</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WIRCH, ADELE</b>	
STREET ADDRESS	<b>1959 N.E. PACIFIC</b>	
CITY-ST-ZIP	<b>SEATTLE WA</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>APPENZELLER, BECKY</b>	
STREET ADDRESS	<b>RT 1, BOX 62A</b>	
CITY-ST-ZIP	<b>GENOA WI</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FROST, MICHEAL MD</b>	
STREET ADDRESS	<b>310 NORTH SMITH AVE</b>	
CITY-ST-ZIP	<b>ST PAUL MN</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ERWIN, ANDREA</b>	
STREET ADDRESS	<b>DUKE UNIVERSITY, TRENT DR.</b>	
CITY-ST-ZIP	<b>DURHAM NC</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Gregory Fischer</b>	
1.3 STREET ADDRESS	<b>1836 South Avenue</b>	
1.4 CITY-ST-ZIP	<b>LaCrosse, WI 54601</b>	

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

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

4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>54579 Newton Rd</b>	
4.3 STREET ADDRESS	<b>Genoa, WI 54632-8746</b>	
4.4 CITY-ST-ZIP		

5.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Webster, Linda</b>	
5.3 STREET ADDRESS	<b>50 N. Medical Drive</b>	
5.4 CITY-ST-ZIP	<b>Salt Lake City, UT 84132</b>	

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)(f), 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:

*Adele Wirch* **RECEIVED** **Adele Wirch**

**1-25-98**

**407-788-6308**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **407-788-6308**

CR2E037 (10/97)