

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003308

FILED  
Jul 14, 2006  
Secretary of State

**Entity Name:** INTERNATIONAL NEUROTRAUMA SYMPOSIUM-2002, INC.

**Current Principal Place of Business:**

7487 SW 50 TERRACE  
MIAMI, FL 33155

**New Principal Place of Business:**

8410 S.W. 156 STREET  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

7487 SW 50 TERRACE  
MIAMI, FL 33155

**New Mailing Address:**

8410 S.W. 156 STREET  
PALMETTO BAY, FL 33157

**FEI Number:** 65-1102953      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PRICE, DAVID  
7487 SW 50 TERRACE  
MIAMI, FL 33155      US

**Name and Address of New Registered Agent:**

PRICE, DAVID W  
8410 S.W. 156 STREET  
PALMETTO BAY, FL 33157      US

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: DAVID W. PRICE

07/14/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ANDERSON, DOUGLAS K  
Address: MCKNIGHT BRAIN INSTITUTE P.O. BOX 100244  
City-St-Zip: GAINESVILLE, FL 326100244

Title: VPD      ( ) Delete  
Name: DIETRICH, W. DALTON  
Address: LOIS POPE LIFE CENTER 1095 N.W. 14TH TERR  
City-St-Zip: MIAMI, FL 33136

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: HOVDA, DAVID  
Address: UCLA - P.O. BOX 957039  
City-St-Zip: LOS ANGELES, CA 90095-703 9

Title: DR.      (X) Change ( ) Addition  
Name: DALTON, DIETRICH  
Address: LOIS POPE LIFE CENTER 1095 N.W. 14TH TERR  
City-St-Zip: MIAMI, FL 33136

Title: MS.      ( ) Change (X) Addition  
Name: LINDA, GARCIA  
Address: 8032 SW 45 LANE  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. PRICE

RA

07/14/2006

Electronic Signature of Signing Officer or Director

Date