

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003308

FILED  
Apr 27, 2007  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

8032 S.W. 45TH LANE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

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

**New Mailing Address:**

8032 S.W. 45TH LANE  
GAINESVILLE, FL 32608

**FEI Number:** 65-1102953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

GARCIA, LINDA  
8032 S.W. 45TH LANE  
GAINESVILLE, FL 32608 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: LINDA GARCIA

04/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 A. HOVDA

DR

04/27/2007

Electronic Signature of Signing Officer or Director

Date