

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003308

FILED
Apr 16, 2003
Secretary of State

Entity Name: INTERNATIONAL NEUROTRAUMA SYMPOSIUM-2002, INC.

Current Principal Place of Business:

7328 S.W. 48TH STREET
MIAMI, FL 33155

New Principal Place of Business:

7487 SW 50 TERRACE
MIAMI, FL 33155

Current Mailing Address:

7328 S.W. 48TH STREET
MIAMI, FL 33155

New Mailing Address:

7487 SW 50 TERRACE
MIAMI, FL 33155

FEI Number: 65-1102953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMAN, NATHAN
7328 S.W. 48TH STREET
MIAMI, FL 33155

Name and Address of New Registered Agent:

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:

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: STD () Delete
Name: NEWMAN, NATHAN
Address: 7328 S.W 48TH STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: DOUG ANDERSON

PD

04/16/2003

Electronic Signature of Signing Officer or Director

Date