2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 06, 2005 8:00 am Secretary of State 09-06-2005 90137 047 ****61.25

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DOCUMENT # N0200004613 1. Entity Name FOUNDATION FOR NEUROLOGY RESEARCH, INC.						
Principal Place of Business 1111 SOUTH ORANGE AVE., STE. 300 ORLANDO, FL 32806	Mailing Address 1111 SOUTH ORANGE AVE., ORLANDO, FL 32806	STE. 300				

Suite, Apt. #, etc. Applied For C3-0469928 Suite, Apt. #, etc. Applied For C3-0469928 Suite, Apt. #, etc. Applied For C3-0469928 Suite, Apt. #, etc. Suite, Apt. #	Principal Plac 1111 SOUTH ORLANDO, FI	ORANGE AVE., STE. 300	Mailing Address 1111 SOUTH ORANGE AVE., STE. 300 ORLANDO, FL 32806								
City & State	2. Principal P	lace of Business	3. Mailing Address								
Zip	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			08192005 Ch	08192005 Chg-NP CR2E037 (10/03)				
Country Coun	City & State	9	City & State			02.0400000					
Name	Zip	Country	Zip Country			5 Certificate of Status Desired \$8.75 Additional					
LEFKOWITZ, IVAN M ESO. 430 N. MILLS AVE. ORLANDO, FL 32803 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL		6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent						
430 N. MILLS AVE. ORLANDO, FL 32803 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Syntam, typed or printed name of registered agent and some state of Florida. Part (in the obligations of registered agent.) Syntam, typed or printed name of registered agent and some state of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State											
B. 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. I arm familiar with, and accept the obligations of registered agent. SIGNATURE Signature	430 N. MILLS AVE.				Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Signature, typed or privide rame of registered agent and the 8 application. (NOTE: Registered Agent signature required when relatative) DATE					City		FL	Zip Code)		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		ertify that the information supplied with the	nis filing does not qualify for			Section 119 07/3)/i) Flo	rida Statutee I further cartif	that the in	formation		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #