2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# N02000004613

Entity Name: FOUNDATION FOR NEUROLOGY RESEARCH, INC.

Current Principal Place of Business:

1111 SOUTH ORANGE AVE., STE. 300
ORLANDO, FL 32806 US

New Principal Place of Business:

3849 OAKWATER CIRCLE
ORLANDO, FL 32806 US

Current Mailing Address:

1111 SOUTH ORANGE AVE., STE. 300
ORLANDO, FL 32806 US

New Mailing Address:

3849 OAKWATER CIRCLE
ORLANDO, FL 32806 US

FEI Number: 03-0469928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M ESQ.
430 N. MILLS AVE.
SUITE 4
ORLANDO, FL 32803 US

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: PTD ( ) Delete
Name: JACOBS, DANIEL H
Address: 1111 SOUTH ORANGE AVE., STE. 300
City-St-Zip: ORLANDO, FL 32806 US

Title: VSD ( ) Delete
Name: KLAFTER, MARK J
Address: 1111 SOUTH ORANGE AVE., STE. 300
City-St-Zip: ORLANDO, FL 32806 US

Title: D ( ) Delete
Name: BAILL, CORI
Address: 244 SYLVAN BLVD
City-St-Zip: WINTER PARK, FL 32789 US

Title: D ( ) Delete
Name: FISHBON, MARK
Address: 1811 CENTRE ST
City-St-Zip: WEST ROXBURY, MA 02132 US

Title: D ( ) Delete
Name: DANHOF, ETHEL
Address: 1808 MISTY MORN PL
City-St-Zip: LONGWOOD, FL 32779 US

Title: D ( ) Delete
Name: HALPERN, DANIEL
Address: 2758 UTICA AVE S
City-St-Zip: MINNEAPOLIS, MN 55416 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: JACOBS, DANIEL H
Address: 3849 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806 US

Title: VSD (X) Change ( ) Addition
Name: KLAFTER, MARK J
Address: 3849 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806 US

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

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 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: DANIEL H. JACOBS MD DR 01/24/2008
Electronic Signature of Signing Officer or Director — Date