

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004613

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** FOUNDATION FOR NEUROLOGY RESEARCH, INC.

**Current Principal Place of Business:**

3849 OAKWATER CIRCLE  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

3849 OAKWATER CIRCLE  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 03-0469928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
**Name:** JACOBS, DANIEL H  
**Address:** 3849 OAKWATER CIRCLE  
**City-St-Zip:** ORLANDO, FL 32806 US

**Title:** VSD  
**Name:** KLAFTER, MARK J  
**Address:** 3849 OAKWATER CIRCLE  
**City-St-Zip:** ORLANDO, FL 32806 US

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** DANIEL H JACOBS MD

PRES

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date