

2008 NOT-FOR-PROFIT CORPORATION SECOND AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 23 AM 10:39

DOCUMENT # N03000003027



1. Entity Name
JOHNNIE B. BYRD, SR. ALZHEIMER'S CENTER AND
RESEARCH INSTITUTE, INC.

Principal Place of Business
4001 EAST FLETCHER AVENUE
TAMPA, FL 33613 US

Mailing Address
4001 EAST FLETCHER AVENUE
TAMPA, FL 33613 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
72-1556975

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HO-PEHLING, LILLY
4001 EAST FLETCHER AVENUE
TAMPA, FL 33613

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VC
NAME HARRIS, KATHY C ESQ
STREET ADDRESS 601 EAST KENNEDY BOULEVARD, 16TH FLOOR
CITY-ST-ZIP TAMPA, FL 33602 ☐ Delete

TITLE T
NAME TOMASINO, SHERRILL
STREET ADDRESS 12301 N 52 STREET
CITY-ST-ZIP TEMPLE TERRACE, FL 33617 ☐ Delete

TITLE C
NAME VERGARA, PAMELA PH.D
STREET ADDRESS 5075 WHITE ROAD
CITY-ST-ZIP SPRING LAKE, FL 34802 ☐ Delete

TITLE S
NAME ROACH, TERRI JO ESQ
STREET ADDRESS 13846 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Delete

TITLE D
NAME CONKLIN, THOMAS R ESQ
STREET ADDRESS 2 NORTH TAMiami TRAIL, SUITE 506
CITY-ST-ZIP SARASOTA, FL 34236 ☐ Delete

TITLE P
NAME POTTER, HUNTINGTON PH.D.
STREET ADDRESS 4001 EAST FLETCHER AVENUE
CITY-ST-ZIP TAMPA, FL 33613 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 800139228388
STREET ADDRESS 12/23/08--01011--010
CITY-ST-ZIP **\$1.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME B 12/23/08
STREET ADDRESS
CITY-ST-ZIP

TITLE P/CEO,
NAME Stephen Klasko, M.D.
STREET ADDRESS 13201 Bruce B. Downs Blvd.
CITY-ST-ZIP Tampa, FL 33612 ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen Klasko, M.D.

(813) 866-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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10. OFFICERS AND DIRECTORS (continued)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
in 10 (continued)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Johnnie B. Byrd, Jr., Esq. Byrd-Stitzel, P.A. 206 North Collins Street Plant City, FL 33563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Judy L. Genshaft, Ph.D. University of South Florida 4202 East Fowler Avenue, ADM 241 Tampa, FL 33620-6150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete Wayne K. Goodman, M.D. Department of Psychiatry McKnight Brain Institute 100 South Newell Drive Gainesville, FL 32610-0236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Mr. Lindsay M. Harrington 4001 E. Fletcher Avenue Tampa, FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Mr. John Hehn, Jr. Florida Presbyterian Homes, Inc. 16 Lake Hunter Drive Lakeland, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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10. OFFICERS AND DIRECTORS (continued)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
in 10 (continued)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete Sheila M. McDevitt 16750 Gulf Blvd. #215 N. Reddington Beach, FL 33708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ms. Ann Duncan Vertical Integration, Inc. 600 N. Westshore Blvd., Ste 200 Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete Allen Mortham 4001 E. Fletcher Ave. Tampa, FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Ms. Gloria T. Smith Florida Gulf Coast Chapter 9635 US Hwy 19N, Suite B Pinellas Park, FL 33782	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete D. Howard Stitzel, III, Esq. Byrd-Stitzel, P.A. 206 North Collins Street Plant City, FL 33563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Ruth Tappen, Ed.D., R.N., F.A.A.N. Building AZ 79, 777 Glades Rd Boca Raton, FL 33431-0991	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition