

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005777

FILED
Oct 18, 2005
Secretary of State

Entity Name: NATIONAL NEUROTRAUMA SYMPOSIUMS, INC.

Current Principal Place of Business:

7328 SW 48TH ST
MIAMI, FL 33155

New Principal Place of Business:

7487 SW 50 TERRACE
MIAMI, FL 33155

Current Mailing Address:

7328 SW 48TH ST
MIAMI, FL 33155

New Mailing Address:

7487 SW 50 TERRACE
MIAMI, FL 33155

FEI Number: 20-0097245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACKERMAN, STEVEN M
7328 SW 48TH ST
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

GARCIA, LINDA
8032 SW 45 LANE
GAINESVILLE, FL 32608 US

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: LINDA GARCIA

10/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIXON, C EDWARD PHD
Address: 3434 5TH AVE, SAFAR CENTER, 201 HILL BLDG
City-St-Zip: PITTSBURG, PA 15260

Title: VD () Delete
Name: MICHEL, MARY E PHD
Address: 6001 EXECUTIVE BLVD, RM 222
City-St-Zip: BETHESDA, MD 208929525

Title: ST () Delete
Name: ACKERMAN, STEVEN
Address: 7328 SW 48TH ST
City-St-Zip: MIAMI, FL 33155

Title: D (X) Delete
Name: JENKINS, LARRY W PHD
Address: 3434 5TH AVE, SAFAR CENTER 201 HILL BLDG
City-St-Zip: PITTSBURG, PA 15260

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEWITT, DOUGLAS PHD
Address: UNIV. TX MED. BRANCH, 301 UNIV. BLVD
City-St-Zip: GALVESTON, TX 775550830 US

Title: VD (X) Change () Addition
Name: PHILLIPS, LINDA PHD
Address: VCU/MED CTR., PO BOX 980709
City-St-Zip: RICHMOND, VA 23298 US

Title: ST (X) Change () Addition
Name: WEAVER, LYNNE PHD
Address: ROBERTS RESEARCH INST, PO BOX 5015
City-St-Zip: LONDON, ON N6A5K8 CA

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: LINDA GARCIA

BM

10/18/2005

Electronic Signature of Signing Officer or Director

Date