

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005777

FILED  
Jan 12, 2006  
Secretary of State

**Entity Name:** NATIONAL NEUROTRAUMA SYMPOSIUMS, INC.

**Current Principal Place of Business:**

7487 SW 50 TERRACE  
MIAMI, FL 33155

**New Principal Place of Business:**

8410 S.W. 156 STREET  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

7487 SW 50 TERRACE  
MIAMI, FL 33155

**New Mailing Address:**

8410 S.W. 156 STREET  
PALMETTO BAY, FL 33157

**FEI Number:** 20-0097245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, LINDA  
8032 SW 45 LANE  
GAINESVILLE, FL 32608 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: PD ( ) Delete  
Name: DEWITT, DOUGLAS PHD  
Address: UNIV. TX MED. BRANCH, 301 UNIV. BLVD  
City-St-Zip: GALVESTON, TX 775550830 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: DAVID W. PRICE

PRES

01/12/2006

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

\_\_\_\_\_  
Date