2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# N03000005777

Entity Name: NATIONAL NEUROTRAUMA SYMPOSIUMS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LYETH, BRUCE PHD
Address: UC DAVIS - ONE SHIELDS AVE
City-St-Zip: DAVIS, CA 95616 US

Title: VD (X) Change ( ) Addition
Name: GARCIA, LINDA
Address: 8032 SW 45 LANE
City-St-Zip: GAINESVILLE, FL 32608 US

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: SUSAN M. PRICE VP 04/10/2007

Electronic Signature of Signing Officer or Director — Date