2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N03000006025

Entity Name: NEUROLOGIC EDUCATION, TREATMENT, AND RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

6001 VINELAND ROAD
STE 116
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6001 VINELAND ROAD
STE 116
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 57-1178828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PYLE, FRANK J JR
401 WEST COLONIAL DRIVE
STE 4
ORLANDO, FL 32804 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: D ( ) Delete
Name: BOBRYK, PATRICIA
Address: 6001 VINELAND RD., STE 116
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: ROSENBERG, STEPHEN J M.D.
Address: 6001 VINELAND RD., STE 116
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: GORDON, REBA
Address: 6001 VINELAND RD., STE 116
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: BOBRYK, PATRICIA
Address: 6001 VINELAND RD., STE 116
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change ( ) Addition
Name: GORDON, REBA
Address: 6001 VINELAND RD., STE 116
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN ROSENBERG D 04/27/2009

Electronic Signature of Signing Officer or Director — Date