2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N05000011808

Entity Name: HYDROCEPHALUS AND NEUROSCIENCE INSTITUTE, INC.

Current Principal Place of Business:

58 W. MICHIGAN ST.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

58 W. MICHIGAN ST.
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-3805294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TALLEY, JAMES M ESQ.
20 N. ORANGE AVE.
ORLANDO, FL 32801 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: PATTISAPU, ANNAPURNA
Address: 58 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: PATTISAPU, JOGI V
Address: 58 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: PHILLIPS, LARRY
Address: 58 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: IRA, STEVEN
Address: 58 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: GEGG, CHRISTOPHER A
Address: 58 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: D ( ) Change (X) Addition
Name: PATTISAPU, JOGI V DIRECTO
Address: 58 W MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

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: JOGI V PATTISAPU D 04/30/2009

Electronic Signature of Signing Officer or Director — Date