


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006693 1. Entity Name THE PERLMUTTER BRAIN FOUNDATION, INC.	
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Principal Place of Business C/O 800 GOODLETTE ROAD NORTH, SUITE 270 NAPLES, FL 34102	Mailing Address C/O 800 GOODLETTE ROAD NORTH, SUITE 270 NAPLES, FL 34102
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04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5181520	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CLASP, INC.
 C/O CUMMINGS & LOCKWOOD
 3001 TAMIAMI TRAIL NORTH, SUITE 400
 NAPLES, FL 34101

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000947249
 06/02/08-80006-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PERLMUTTER, DAVID M.D. 800 GOODLETTE ROAD N. SUITE 270 NAPLES, FL 34102
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DAVID PERLMUTTER** 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (239) 649-7400
Date Daytime Phone #