

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000043

**FILED**  
**Jun 11, 2012**  
**Secretary of State**

**Entity Name:** THE VETERANS' TRAUMATIC BRAIN INJURY CENTER FOR TREATMENT AND EDUCATION, INC.

**Current Principal Place of Business:**

100 SE 2ND ST  
STE 2800  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

100 SE 2ND ST  
STE 2800  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 94-3461555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KTG&S REGISTERED AGENT CORPORATION  
100 SE 2ND ST  
SUITE 2800  
MIAMI, FL 33131 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: P, D  
Name: SURAN, LAWRENCE  
Address: 3530 MYSTIC POINTE DR, SUITE 2604  
City-St-Zip: AVENTURA, FL 33180

Title: S, D  
Name: KOSNITZKY, MICHAEL  
Address: 100 SE 2ND ST, STE 2800  
City-St-Zip: MIAMI, FL 33131

Title: T, D  
Name: KOSNITZKY, ADAM  
Address: 560 TALAVERA ROAD  
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL KOSNITZKY

S

06/11/2012

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

\_\_\_\_\_  
Date