

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000821

FILED  
Apr 29, 2012  
Secretary of State

**Entity Name:** NEUROLOGIQUE FOUNDATION, INC.

**Current Principal Place of Business:**

6 FAIRFIELD BLVD  
11  
PONTE VEDRA BEACH, FL 320824627 US

**New Principal Place of Business:**

**Current Mailing Address:**

6 FAIRFIELD BLVD  
11  
PONTE VEDRA BEACH, FL 320824627 US

**New Mailing Address:**

**FEI Number:** 26-4190339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANTOR, JEFFREY  
6 FAIRFIELD BLVD  
11  
PONTE VEDRA BEACH, FL 320824627 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  
Name: KANTOR, JEFFREY  
Address: 221 STELLAR CT  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D  
Name: KANTOR, JENNIFER  
Address: 221 STELLAR CT  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D  
Name: RUNYAN, TAMAR  
Address: 221 STELLAR CT  
City-St-Zip: PONTE VEDRA, FL 32082

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: JEFFREY KANTOR

D

04/29/2012

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

\_\_\_\_\_  
Date