

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004064

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** NEUROLOGICAL DISORDERS EDUCATION AND TREATMENT FUND INC

**Current Principal Place of Business:**

1895 KINGSLEY AVENUE  
SUITE 903  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

1895 KINGSLEY AVENUE  
SUITE 903  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

**FEI Number:** 26-4735513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUTTERFIELD, RICHARD L  
15086 BULOW CREEK DRIVE  
JACKSONVILLE, FL 32258 US

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

BUTTERFIELD, RICHARD L  
6352 COURTNEY CREST LANE  
JACKSONVILLE, FL 32258 US

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:

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MAQUERA, VICTOR A MD  
Address: 1895 KINGSLEY AVENUE, # 903  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: D  
Name: BUTTERFIELD, RICHARD L  
Address: 6352 COURTNEY CREST LANE  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: D  
Name: BUTTERFIELD, TINA L  
Address: 6352 COURTNEY CREST LANE  
City-St-Zip: JACKSONVILLE, FL 32258 US

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: RICHARD L. BUTTERFIELD

D

04/24/2012

Electronic Signature of Signing Officer or Director

Date