

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006433

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** BRAIN HEALTH CORPORATION

**Current Principal Place of Business:**

482 JACKSONVILLE DRIVE  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

482 JACKSONVILLE DRIVE  
JACKSONVILLE BEACH, FL 32250 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ADAMS, MARGO S  
FLORIDA PSYCHIATRIC SOCIETY  
521 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: DIR  
Name: BURAK, CARL S MD JD  
Address: 482 JACKSONVILLE DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: DIR  
Name: LEVKOFF, STEVEN PHD PHD  
Address: 500 OCEANFRONT  
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: DIR  
Name: WILLIAM, SHHIVERS MD  
Address: 267 NORTH HARRINGTON ROAD  
City-St-Zip: ST. SIMONS ISLAND, GA 31522 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: CARL S BURAK

PRES

01/07/2011

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

\_\_\_\_\_  
Date