

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006433

FILED
Apr 13, 2012
Secretary of State

Entity Name: BRAIN HEALTH FOUNDATION, INC.

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 ()** **FEI Number Not Applicable (X)** **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:

BURAK, CARL S
482 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250 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: CARL S. BURAK, M.D.,

04/13/2012

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, SHIVERS 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

DIR

04/13/2012

Electronic Signature of Signing Officer or Director

Date