

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002426

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** NEUROGENESIS RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

1610 SOUTHERN BLVD.  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1610 SOUTHERN BLVD.  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 27-5488026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOFFMAN, ALLAN L  
1610 SOUTHERN BLVD.  
WEST PALM BEACH, FL 33406 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:** HOFFMAN, ALLAN L  
**Address:** 1610 SOUTHERN BLVD.  
**City-St-Zip:** WEST PALM BEACH, FL 33406

**Title:** D  
**Name:** TESH, WILLIAM GREY  
**Address:** 1610 SOUTHERN BLVD.  
**City-St-Zip:** WEST PALM BEACH, FL 33406

**Title:** D  
**Name:** SINCLAIR, PATRICIA I  
**Address:** 204 MONTEREY WAY  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

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:** ALLAN L. HOFFMAN

DIR

04/27/2012

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

\_\_\_\_\_  
Date