FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:25

DOCUMENT # N11295 (5)

1. Corporation Name
FLORIDA HEAD INJURY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
201 EAST SAMPLE ROAD NO. BROWARD MEDICAL CENTER POMPANO BEACH FL 33064	201 EAST SAMPLE ROAD NO. BROWARD MEDICAL CENTER POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1985
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2611863 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MURPHY, T.N.,, JR.
700 WEST HILLSBORO BLVD.
BUILDING 4, SUITE 206
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE	D	☒ Change ☐ Addition
NAME	KANFER, JACK	1.2 NAME		
STREET ADDRESS	2900 NE 14 ST., UNIT 308	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP		
TITLE	~~DV~~	2.1 TITLE	DP	☒ Change ☒ Addition
NAME	~~ZATZ, ANITA S.~~	2.2 NAME	Maria Gibson	
STREET ADDRESS	~~2166 NW 37 AVENUE~~	2.3 STREET ADDRESS	2533 Stokes Dr	
CITY-ST-ZIP	~~COCONUT CREEK FL~~	2.4 CITY-ST-ZIP	Sarasota FL 34232	
TITLE	~~DS~~	3.1 TITLE	D	☒ Change ☐ Addition
NAME	ROCCHIO, CAROLYN A.	3.2 NAME		
STREET ADDRESS	1428 SE 12TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE	DT	☒ Change ☒ Addition
NAME	MORE, LAURA G	4.2 NAME	Dr. Robert Levitt	
STREET ADDRESS	4919 KILTY CT. EAST	4.3 STREET ADDRESS	20671 NW 26 Ave	
CITY-ST-ZIP	BRADENTON FL 34203	4.4 CITY-ST-ZIP	Boca Raton 33434	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, AL	5.2 NAME		
STREET ADDRESS	10044 N.W. 19TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP		
TITLE	DV	6.1 TITLE		☐ Change ☐ Addition
NAME	MOODY, PATRICIA	6.2 NAME		
STREET ADDRESS	7150 HOLATEE TR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Robert A Levitt, MD 1/19/95 [3'95] 786-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006187