FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **09/26/1985**

3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business
21:

2a. Mailing Address
26:

Suite, Apt. #, etc.
22:

Suite, Apt. #, etc.
27:

City & State
23:

City & State
28:

Zip
24:

Country
25:

Zip
29:

Country
30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	KANFER, JACK		12 NAME		
STREET ADDRESS	2900 NE 14 ST., UNIT 308		13 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		14 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GIBSON, MARIA		22 NAME		
STREET ADDRESS	3533 STOKES DR.		23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ROCCHIO, CAROLYN A.		32 NAME		
STREET ADDRESS	1428 SE 12TH STREET		33 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		34 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LEVITT, ROBERT DR.		42 NAME		
STREET ADDRESS	20671 NW 26 AVE		43 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	ROGERS, AL		52 NAME		
STREET ADDRESS	10044 N.W. 19TH STREET		53 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		54 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	61 TITLE	DV	☒ Change ☐ Addition
NAME	~~MOODY~~, PATRICIA		62 NAME	Lipsitz, Roberta	
STREET ADDRESS	7150 HOLATEE TR.		63 STREET ADDRESS	8903 Glades Rd Ste. L9237	
CITY-ST-ZIP	FORT LAUDERDALE FL		64 CITY-ST-ZIP	Boca Raton FL 33434	

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)(k), 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: Elyse Kayne 2/2/96 4547862400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)