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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N11295** **(5)**

1. Corporation Name

BRAIN INJURY ASSOCIATION OF FLORIDA, 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 33064-3502

3. Date Incorporated or Qualified: 09/26/1985
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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	1.1 TITLE	DT	☐ Change ☒ Addition
NAME	KANFER, JACK		1.2 NAME	Bert Brown	
STREET ADDRESS	2900 NE 14 ST., UNIT 308		1.3 STREET ADDRESS	6435 SW 102 st.	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Miami FL 33156	
TITLE	DP	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GIBSON, MARIA		2.2 NAME	Patricia Towers	
STREET ADDRESS	3533 STOKES DR.		2.3 STREET ADDRESS	PO Box 451312	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sunrise FL 33345-1312	
TITLE	D	☐ DELETE	3.1 TITLE		☐ 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	DT	☐ DELETE	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	LEVITT, ROBERT DR.		4.2 NAME	Levitt Robert Dr.	
STREET ADDRESS	20671 NW 26 AVE		4.3 STREET ADDRESS	22887 Barrister Dr.	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	D	☐ DELETE	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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LIPSITZ, ROBERTA		6.2 NAME		
STREET ADDRESS	8903 GLADES RD. STE. L9237		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ Patricia Towers, Director 1/17/97 954-786-6405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0022024