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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

4. FEI Number: 59-2611863 ☐ Applied For ☐ Not Applicable

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 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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		☐ 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	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TOWERS, PATRICIA		2.2 NAME		
STREET ADDRESS	P.O. BOX 451312		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP		
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		
STREET ADDRESS	2288 BARRISTER DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ROGERS, AL		5.2 NAME	Elynor Kazuk	
STREET ADDRESS	10044 N.W. 19TH STREET		5.3 STREET ADDRESS	201 E. Sample Rd.	
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP	Pompano Beach FL 33064	
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	18555 Harbor Light Way	
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	Boca Raton FL 33498	

CR2E037 (10/97)

14. I 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: Elynor Kazuk ESQ Elynor Kazuk 1/19/97 954-786-2400