2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# N11295

Entity Name: BRAIN INJURY ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

201 EAST SAMPLE ROAD
NO. BROWARD MEDICAL CENTER
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

201 EAST SAMPLE ROAD
NO. BROWARD MEDICAL CENTER
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 59-2611863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MURPHY, T.N,., JR.
980 N. FED. HWY. #410
BOCA RATON, FL 33432 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: P ( ) Delete
Name: TODD, MARK
Address: 201 EAST SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064

Title: DT ( ) Delete
Name: SCHIERER, JOY A
Address: 201 EAST SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: KAZUK, ELYNOR
Address: 201 E SAMPLE RD
City-St-Zip: POMPANO BCH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELYNOR KAZUK D 01/14/2005

Electronic Signature of Signing Officer or Director — Date