

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11295

FILED  
Jan 08, 2007  
Secretary of State

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: BREEN, VALERIE  
Address: 2510 MICCOSUKEE ROAD, STE. 104  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BRUCKER, BERNARD  
Address: 201 EAST SAMPLE ROAD  
City-St-Zip: POMPANO BEACH, FL 33064

Title: DT (X) Change ( ) Addition  
Name: HILL, MARCIA  
Address: 201 EAST SAMPLE ROAD  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Change ( ) Addition  
Name: BREEN, VALERIE  
Address: 1621 METROPOLITAN BLVD., STE. B  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Change (X) Addition  
Name: MCCHRISTIAN, PAULA  
Address: 201 EAST SAMPLE ROAD  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PAULA MCCHRISTIAN

D

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date