

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90031 005 ****70.00

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

40053472



03212008 Chg-NP CR2E037 (12/06)

DOCUMENT # N11295 1. Entity Name BRAIN INJURY ASSOCIATION OF FLORIDA, INC.																																																																																																																	
Principal Place of Business 201 EAST SAMPLE ROAD NO. BROWARD MEDICAL CENTER POMPANO BEACH, FL 33064			Mailing Address 201 EAST SAMPLE ROAD NO. BROWARD MEDICAL CENTER POMPANO BEACH, FL 33064																																																																																																														
2. Principal Place of Business - No P.O. Box # 1621 Metropolitan Blvd.		3. Mailing Address 1621 Metropolitan Blvd.		4. FEI Number 59-2611863 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																																																																																																													
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B																																																																																																															
City & State Tallahassee, FL		City & State Tallahassee, FL																																																																																																															
Zip 32308	Country USA	Zip 32308	Country USA																																																																																																														
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MURPHY, T.N. JR. 980 N. FED. HWY. #410 BOCA RATON, FL 33432																																																																																																													
7. Name and Address of New Registered Agent Name Thomas B. McNamara Street Address (P.O. Box Number is Not Acceptable) 1621 Metropolitan Blvd. Suite B City Tallahassee FL Zip Code 32308																																																																																																																	
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																																																																																																																	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">BRUCKER, BERNARD</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">201 EAST SAMPLE ROAD</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">POMPANO BEACH, FL 33064</td> </tr> <tr> <td>TITLE</td> <td>BT</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td>HILL, MARCIA</td> <td>STREET ADDRESS</td> <td>201 EAST SAMPLE ROAD</td> <td>CITY-ST-ZIP</td> <td>POMPANO BEACH, FL 33064</td> </tr> <tr> <td>TITLE</td> <td>B</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td>BREEN, VALERIE</td> <td>STREET ADDRESS</td> <td>1621 METROPOLITAN BLVD., STE. B</td> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32308</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> <td>NAME</td> <td>MCCHRISTIAN, PAULA</td> <td>STREET ADDRESS</td> <td>201 EAST SAMPLE ROAD</td> <td>CITY-ST-ZIP</td> <td>POMPANO BEACH, FL 33064</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">President</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">Frank Toral</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">201 East Sample Road</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">Pompamo Beach, FL 33064</td> </tr> <tr> <td>TITLE</td> <td>Treasurer</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td>1621 Metropolitan Blvd., Ste. B</td> <td>CITY-ST-ZIP</td> <td>Tallahassee, FL 32308</td> </tr> <tr> <td>TITLE</td> <td>Executive Director</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Director of Finance & Administration</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> <td>NAME</td> <td>Thomas B. McNamara</td> <td>STREET ADDRESS</td> <td>1621 Metropolitan Blvd., Ste. B</td> <td>CITY-ST-ZIP</td> <td>Tallahassee, FL 32308</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	BRUCKER, BERNARD	STREET ADDRESS	201 EAST SAMPLE ROAD	CITY-ST-ZIP	POMPANO BEACH, FL 33064	TITLE	BT	<input type="checkbox"/> Delete	NAME	HILL, MARCIA	STREET ADDRESS	201 EAST SAMPLE ROAD	CITY-ST-ZIP	POMPANO BEACH, FL 33064	TITLE	B	<input type="checkbox"/> Delete	NAME	BREEN, VALERIE	STREET ADDRESS	1621 METROPOLITAN BLVD., STE. B	CITY-ST-ZIP	TALLAHASSEE, FL 32308	TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	MCCHRISTIAN, PAULA	STREET ADDRESS	201 EAST SAMPLE ROAD	CITY-ST-ZIP	POMPANO BEACH, FL 33064	TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Frank Toral	STREET ADDRESS	201 East Sample Road	CITY-ST-ZIP	Pompamo Beach, FL 33064	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	1621 Metropolitan Blvd., Ste. B	CITY-ST-ZIP	Tallahassee, FL 32308	TITLE	Executive Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	Director of Finance & Administration	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Thomas B. McNamara	STREET ADDRESS	1621 Metropolitan Blvd., Ste. B	CITY-ST-ZIP	Tallahassee, FL 32308	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	BRUCKER, BERNARD	STREET ADDRESS	201 EAST SAMPLE ROAD	CITY-ST-ZIP	POMPANO BEACH, FL 33064																																																																																																									
TITLE	BT	<input type="checkbox"/> Delete	NAME	HILL, MARCIA	STREET ADDRESS	201 EAST SAMPLE ROAD	CITY-ST-ZIP	POMPANO BEACH, FL 33064																																																																																																									
TITLE	B	<input type="checkbox"/> Delete	NAME	BREEN, VALERIE	STREET ADDRESS	1621 METROPOLITAN BLVD., STE. B	CITY-ST-ZIP	TALLAHASSEE, FL 32308																																																																																																									
TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	MCCHRISTIAN, PAULA	STREET ADDRESS	201 EAST SAMPLE ROAD	CITY-ST-ZIP	POMPANO BEACH, FL 33064																																																																																																									
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP																																																																																																										
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP																																																																																																										
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Frank Toral	STREET ADDRESS	201 East Sample Road	CITY-ST-ZIP	Pompamo Beach, FL 33064																																																																																																									
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	1621 Metropolitan Blvd., Ste. B	CITY-ST-ZIP	Tallahassee, FL 32308																																																																																																									
TITLE	Executive Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP																																																																																																										
TITLE	Director of Finance & Administration	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Thomas B. McNamara	STREET ADDRESS	1621 Metropolitan Blvd., Ste. B	CITY-ST-ZIP	Tallahassee, FL 32308																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP																																																																																																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP																																																																																																										
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																	
SIGNATURE: T.B. McNamara 3/21/08 850-40-0103 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	