2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

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Entity Name: BRAIN INJURY ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

1637 METROPOLITAN BLVD
SUITE B
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1637 METROPOLITAN BLVD
SUITE B
TALLAHASSEE, FL 32308

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:

MADSEN, JUDITH L
1637 METROPOLITAN BLVD
SUITE B
TALLAHASSEE, FL 32308 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: CHAI
Name: GORMAN, PATRICK
Address: 2200 LUCIEN WAY, SUITE 320
City-St-Zip: MAITLAND, FL 32751

Title: T
Name: HILL, MARCIA
Address: 1637 METROPOLITAN BLVD, STE B
City-St-Zip: TALLAHASSEE, FL 32308

Title: PRES
Name: BREEN, VALERIE
Address: 1637 METROPOLITAN BLVD., STE. B
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP F
Name: MADSEN, JUDITH L
Address: 1637 METROPOLITAN BLVD, STE B
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP O
Name: DREKER, SANDRA
Address: 201 EAST SAMPLE ROAD
City-St-Zip: POMPANO, FL 33064

I hereby 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 all other like empowered.

SIGNATURE: VALERIE E. BREEN PRES 03/01/2011

Electronic Signature of Signing Officer or Director — Date