

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11295

FILED  
Feb 14, 2012  
Secretary of State

**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: 1870 ALOMA AVENUE, #280  
City-St-Zip: WINTER PARK, FL 32789VP

Title: SEC  
Name: BAXTER, LARRY  
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: JUDITH L. MADSEN

VP F

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date