

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18836

FILED
Apr 29, 2007
Secretary of State

Entity Name: HEAD INJURY SUPPORT, INC.

Current Principal Place of Business:

3114 BLUFF BLVD.
HOLIDAY, FL 34691

New Principal Place of Business:

12624 FLAMINGO PARKWAY
SPRING HILL, FL 34610

Current Mailing Address:

3114 BLUFF BLVD
HOLIDAY, FL 34691

New Mailing Address:

12624 FLAMINGO PARKWAY
SPRING HILL, FL 34610

FEI Number: 59-2788443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, LYNN
3114 BLUFF BLVD
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

CLARK, LYNN
12624 FLAMINGO PARKWAY
SPRING HILL, FL 34610 US

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:

04/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CLARK, LYNN,
Address: 3114 BLUFF BLVD
City-St-Zip: HOLIDAY, FL 34691 US

Title: SD () Delete
Name: LABRANCHE, LYNN
Address: 3114 BLUFF BLVD
City-St-Zip: HOLIDAY, FL 34691 US

Title: TD () Delete
Name: LABRANCHE, LYNN
Address: 3114 BLUFF BLVD.
City-St-Zip: HOLIDAY, FL 34691 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CLARK, LYNN,
Address: 12624 FLAMINGO PARKWAY
City-St-Zip: SRING HILL, FL 34610 US

Title: SD (X) Change () Addition
Name: LABRANCHE, LYNN
Address: 12624 FLAMINGO PARKWAY
City-St-Zip: SPRING HILL, FL 34610 US

Title: TD (X) Change () Addition
Name: LABRANCHE, LYNN
Address: 12624 FLAMINGO PARKWAY
City-St-Zip: SPRING HILL, FL 34610 US

I hereby certify that the information supplied with this filing does not qualify 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: LYNN CLARK, PH.D.

DP

04/29/2007

Electronic Signature of Signing Officer or Director

Date