

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18836

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** HEAD INJURY SUPPORT, INC.

**Current Principal Place of Business:**

12624 FLAMINGO PARKWAY  
SPRING HILL, FL 34610

**New Principal Place of Business:**

**Current Mailing Address:**

12624 FLAMINGO PARKWAY  
SPRING HILL, FL 34610

**New Mailing Address:**

**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  
12624 FLAMINGO PARKWAY  
SPRING HILL, FL 34610 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:** DP  
**Name:** CLARK, LYNN  
**Address:** 12624 FLAMINGO PARKWAY  
**City-St-Zip:** SRING HILL, FL 34610 US

**Title:** SD  
**Name:** LABRANCHE, LYNN  
**Address:** 12624 FLAMINGO PARKWAY  
**City-St-Zip:** SPRING HILL, FL 34610 US

**Title:** TD  
**Name:** LABRANCHE, LYNN  
**Address:** 12624 FLAMINGO PARKWAY  
**City-St-Zip:** SPRING HILL, FL 34610 US

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:** LYNN CLARK

DP

02/16/2011

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

\_\_\_\_\_  
Date