

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N18836

**FILED**  
**Jan 02, 2013**  
**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:**

7408 STILLWATER DR  
HUDSON, FL 34667 US

**Current Mailing Address:**

12624 FLAMINGO PARKWAY  
SPRING HILL, FL 34610

**New Mailing Address:**

7408 STILLWATER DR  
HUDSON, FL 34667 US

**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:**

CLARK, LYNN  
7408 STILLWATER DR  
HUDSON, FL 34667 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:** LYNN CLARK

01/02/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** CLARK, LYNN  
**Address:** 7408 STILLWATER DR  
**City-St-Zip:** HUDSON, FL 34667 US

**Title:** SD  
**Name:** LYNN CLARK  
**Address:** 7408 STILLWATER DR  
**City-St-Zip:** HUDSON, FL 34667 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

01/02/2013

Electronic Signature of Signing Officer or Director

Date