

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:07

DOCUMENT # N19003 (5)

1. Corporation Name

FLORIDA NETWORK OF NEUROGENIC COMMUNICATION DISORDERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: UNIVERSITY OF FLORIDA, BOX J-174, J. HILLIS MILLER HEALTH CTR, GAINESVILLE FL 32602-3009
Mailing Address: UNIVERSITY OF FLORIDA, BOX J-174, J. HILLIS MILLER HEALTH CTR, GAINESVILLE FL 32602-3009

3. Date Incorporated or Qualified	3a. Date of Last Report
01/29/1987	06/20/1994
4. FBI Number	Applied For
59-2770518	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, STACIE RUBIN 8020 S.W. 148 DRIVE MIAMI FL 33158		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRARY, MIKE A.	1.2 NAME	
STREET ADDRESS	BOX J-174, J. HILLIS MILLER HEALTH CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAK, JEANNE NANCY	2.2 NAME	
STREET ADDRESS	AUBURN UNIVERSITY	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, STACIE RUBIN	3.2 NAME	
STREET ADDRESS	6200 S.W. 73 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNO, TINA	4.2 NAME	
STREET ADDRESS	1925 N.E. 117 RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stacie Ruben Smith 1/30/95 (305) 662-8187
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Date Daytime Phone #
Stacie Ruben Smith