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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N19003 (5)

1. Corporation Name

FLORIDA NETWORK OF NEUROGENIC COMMUNICATION DISORDERS, INC.



Principal Place of Business

Mailing Address

UNIVERSITY OF FLORIDA
BOX J-174, J. HILLIS MILLER HEALTH CTR
GAINESVILLE FL 32602-3009

UNIVERSITY OF FLORIDA
BOX J-174, J. HILLIS MILLER HEALTH CTR
GAINESVILLE FL 32602

3. Date Incorporated or Qualified
01/29/1987

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2770518

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Stacie Rubin Smith

Stacie Rubin Smith

2/11/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CRARY, MIKE A.	
STREET ADDRESS	BOX J-174 J HILLIS MILLER HEALTH CTR N/A	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAAK, JEANNE NANCY	
STREET ADDRESS	AUBURN UNIVERSITY	
CITY-ST-ZIP	AUBURN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, STACIE RUBIN	
STREET ADDRESS	6200 S.W. 73 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUNO, TINA	
STREET ADDRESS	1925 N.E. 117 RD.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Don D. Mussen
5.3 STREET ADDRESS	VAmc 126
5.4 CITY-ST-ZIP	Miami, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Michael C. Groher
6.3 STREET ADDRESS	VAmc 126
6.4 CITY-ST-ZIP	Tampa, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Multiple Signatures REQUIRED! A. Crary

2/7/97

352-395-0174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)