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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

4. FEI Number  
59-2770518

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	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 CTR N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Don D. Mussen
STREET ADDRESS		5.3 STREET ADDRESS	VAmc 126
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Michael C. Groher
STREET ADDRESS		6.3 STREET ADDRESS	VAmc 126
CITY-ST-ZIP		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: Mike Crary REQUIRED A. Crary 2/7/97 352-395-0174  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/96)