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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19003

1. Corporation Name

FLORIDA NETWORK OF NEUROGENIC COMMUNICATION DISORDERS, INC.

Principal Place of Business

8020 SW 148TH DR  
MIAMI FL 33158

Mailing Address

8020 SW 148TH DR  
MIAMI FL 33158



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/29/1987

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

9. Name and Address of Current Registered Agent

SMITH, STACIE R  
8020 S.W. 148 DRIVE  
MIAMI FL 33158

10. Name and Address of New Registered Agent

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 R Smith*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/99

12. OFFICERS AND DIRECTORS

TITLE D  DELETE  
NAME CRARY, MIKE A  
STREET ADDRESS BOX 100174 UF14SC  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D  DELETE  
NAME SMITH, STACIE R  
STREET ADDRESS 8020 SW 148TH DR  
CITY-ST-ZIP MIAMI FL 33158

TITLE D  DELETE  
NAME BRUNO, TINA  
STREET ADDRESS 1925 N.E. 117 RD.  
CITY-ST-ZIP N. MIAMI FL

TITLE D  DELETE  
NAME MASSON, NAN D.  
STREET ADDRESS VA MEDICAL CENTER (ASP 126)  
CITY-ST-ZIP MIAMI FL

TITLE D  DELETE  
NAME GROHER, MICHAEL E  
STREET ADDRESS BOX 100174 UF14SC  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, with all other like empowered.

SIGNATURE: *Stacie R Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 305  
663-5080  
Date Daytime Phone #

CR2E037 (1/198)