

DOCUMENT # N19003

1. Entity Name

FLORIDA NETWORK OF NEUROGENIC COMMUNICATION DISO

FILED

00 MAR 10 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

602392



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8020 SW 148TH DR MIAMI FL 33158		Mailing Address 8020 SW 148TH DR MIAMI FL 33158-2058	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2770518			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, STACIE R 8020 S.W. 148 DRIVE MIAMI FL 33158		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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 *Stacie Rubin Smith VP for Finance 1/10/00*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRARY, MIKE A BOX 100174 UF14SC GAINESVILLE FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003178206 -03/21/00--01096--006 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, STACIE R 8020 SW 148TH DR MIAMI FL 33158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUNO, TINA 1925 N.E. 117. RD. N. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASSON, NAN D. VA MEDICAL CENTER (ASP 126) MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROHER, MICHAEL E BOX 100174 UF14SC GAINESVILLE FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stacie Rubin Smith* 1/10/00 305 663-5080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #