

DOCUMENT # N19003

1. Entity Name

FLORIDA NETWORK OF NEUROGENIC COMMUNICATION DISO

Principal Place of Business

Mailing Address

8020 SW 148TH DR
MIAMI FL 33158

8020 SW 148TH DR
MIAMI FL 33158

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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CRARY, MIKE A	
STREET ADDRESS	BOX 100174 UF14SC	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, STACIE R	
STREET ADDRESS	8020 SW 148TH DR	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUNO, TINA	
STREET ADDRESS	1925 N.E. 117 RD.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASSON, NAN D.	
STREET ADDRESS	VA MEDICAL CENTER (ASP 128)	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROHER, MICHAEL E	
STREET ADDRESS	BOX 100174 UF14SC	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSON, NAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VA MEDICAL Center	
CITY-ST-ZIP	Gainesville, FL. 32601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature and Typed or Printed Name of Signing Officer or Director: STACIE R. Smith, 1/7/01 305 463-5080

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90100 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)