

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME MASSON, NAN D.
STREET ADDRESS VA MEDICAL CENTER (ASP 128)
CITY-ST-ZIP MIAMI FL

TITLE Change Addition
NAME Musson, Nan
STREET ADDRESS VA MEDICAL Center
CITY-ST-ZIP Gainesville, Fl. 32601

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

STACIE R. Smith, 1/7/01 305 463-5080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

014177

CR2E037 (10/00)

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

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



DO NOT WRITE IN THIS SPACE