

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90021 040 ****61.25

DOCUMENT # N19003

1. Entity Name

FLORIDA NETWORK OF NEUROGENIC COMMUNICATION DISORDERS, INC.

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
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 Delete
 NAME **D**
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 Delete
 NAME **D**
MUSSON, NAN D
 STREET ADDRESS **VA MEDICAL CENTER (ASP 126)**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE Change Addition
 NAME **NAN MUSSON**
 STREET ADDRESS **in clinic Randall VAMC**
 CITY-ST-ZIP **Speech Pathology / Neurology (127)**

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

TITLE Change Addition
 NAME **1601 SW Archer Rd**
 STREET ADDRESS **Gainesville, FL 32608**
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/02 305-663-5080

CR2E037 (9/01)