

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90275 040 ****70.00

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

3709 W. Hamilton Ave

3709 W. Hamilton Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

Suite 2

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33614-4015

33614-4015

4. FEI Number 59-2770518

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

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
Jeanne M. Barth

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

3709 W. Hamilton Ave. Suite 2

City
Tampa

FL

Zip Code
33614-4015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jeanne Barth*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRARY, MIKE A	
STREET ADDRESS	BOX 100174 UF14SC	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, STACIE R	
STREET ADDRESS	8020 SW 148TH DR	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUNO, TINA	
STREET ADDRESS	1925 N.E. 117 RD.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUSSON, NAN D	
STREET ADDRESS	1601 SW ARCHER RD.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input checked="" 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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beth Hall	
STREET ADDRESS	6094 Glendale Drive	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanne M. Barth	
STREET ADDRESS	3709 W. Hamilton Ave suite 2	
CITY-ST-ZIP	Tampa, FL 33614-4015	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl Kramer	
STREET ADDRESS	129 Via Havarre	
CITY-ST-ZIP	Merritt Island, FL 34953	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jodi Skylak	
STREET ADDRESS	1500 Palm Beach Road	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gayle Cohen	
STREET ADDRESS	4105 N. 49th Avenue	
CITY-ST-ZIP	Hollywood, FL 33021	
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 REQUIRED

4/18/03 (813) 930-6197

CR2E037 (10/02)