

**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

UW10242

**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  
Suite #, etc.  
Suite 2**      **3709 W. Hamilton Ave  
Suite #, etc.  
Suite 2**

City & State      City & State

**Tampa, FL**      **Tampa, FL**

Zip      Country      Zip      Country

**33614-4015**      **33614-4015**



CHECK HERE IF MAKING CHANGES

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 **Jeanne M. Barth**

Street Address (P.O. Box Number is Not Acceptable)  
**3709 W. Hamilton Ave. Suite 2**

City **Tampa**      State **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*      DATE **4/18/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Beth Hall</b>	
STREET ADDRESS	<b>6094 Glendale Drive</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jeanne M. Barth</b>	
STREET ADDRESS	<b>3709 W. Hamilton Ave suite 2</b>	
CITY-ST-ZIP	<b>Tampa, FL 33614-4015</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cheryl Kramer</b>	
STREET ADDRESS	<b>129 Via Havarre</b>	
CITY-ST-ZIP	<b>Merritt Island, FL 34953</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jodi Skylak</b>	
STREET ADDRESS	<b>1500 Palm Beach Road</b>	
CITY-ST-ZIP	<b>Stuart, FL 34994</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gayle Cohen</b>	
STREET ADDRESS	<b>4105 N. 49th Avenue</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33021</b>	
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: *Jeanne Barth*      DATE: **4/18/03**      (813) 930-6197

**SIGNATURE REQUIRED**

CR2E037 (10/02)