

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

8020 SW 148TH DR
MIAMI FL 33158

Mailing Address

8020 SW 148TH DR
MIAMI FL 33158

2. Principal Place of Business

3709 W. Hamilton Ave

3. Mailing Address

3709 W. Hamilton Ave

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33614-4015

Country

Zip

33614-4015

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

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

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

| | | |
|----------------|----------------------|--|
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| 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)