

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30386

**FILED**  
**Jan 05, 2008**  
**Secretary of State**

**Entity Name:** THE GROUP FOR NEUROSCIENCE RESEARCH AND EDUCATION, INC.

**Current Principal Place of Business:**

1451 TEMPLE DR  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1451 TEMPLE DR  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 59-2936207      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MULLER, WALTER J III  
1451 TEMPLE DR  
WINTER PARK, FL 32789      US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: REILLY, DIANE  
Address: 1320 CRESCENT LAKE DR  
City-St-Zip: WINDERMERE, FL

Title: D ( ) Delete  
Name: RIEBEL, JUDITH A  
Address: 400 OAKHURST ST  
City-St-Zip: ALTAMONTE SPRGS, FL

Title: D ( ) Delete  
Name: SYMONS, PEGGY  
Address: 804 SNOW QUEEN DR  
City-St-Zip: CHULUOTA, FL 32766

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RIEBEL, JUDITH A  
Address: 1903 S. MAGNOLIA AVE.  
City-St-Zip: SANFORD, FL 32771

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER J. MULLER, 111, MD

DR.

01/05/2008

Electronic Signature of Signing Officer or Director

Date