


2007 NOT-FOR-PROFIT CORPORATION, REINSTATEMENT

DOCUMENT # N41909 1. Entity Name SPRING BRAIN CONFERENCE, INC.						FILED 07 JAN 19 PM 2:07 DEPT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business % ROBERT P. YEZIERSKI P O BOX 100444 DEPT OF ORTHODONTICS GAINESVILLE, FL 32610				Mailing Address % ROBERT P. YEZIERSKI P O BOX 100444 DEPT OF ORTHODONTICS GAINESVILLE, FL 32610			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent YEZIERSKI, ROBERT P PHD PO BOX 100444, 1600 SW ARCHER RD D10-19 GAINESVILLE, FL 32610				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) DATE 11/7/07			
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERT P. YETZIERSKI 1600 SW ARCHER RD D10-19 GAINESVILLE, FL 32610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASBAUM, ALLAN I 513 PARNASASEUS BOX 0452 SAN FRANCISCO, CA 94143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FELDMAN, JACK BOX 951763 LOS ANGELES, CA 90095	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRESLER, GLENN G-145 JACKSON HALL MINNEAPOLIS, MN 55455	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACQUIN, MARK 660 S EUCLID BOX 8111 SAINT LOUIS, MO 63110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, JIM MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 11/7/07 Daytime Phone # 352-392-4081			