

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41909

FILED
Jan 08, 2009
Secretary of State

Entity Name: SPRING BRAIN CONFERENCE, INC.

Current Principal Place of Business:

% ROBERT P. YEZIERSKI
P O BOX 100444 DEPT OF ORTHODONTICS
GAINESVILLE, FL 32610

New Principal Place of Business:

ROBERT P. YEZIERSKI
DEPT OF ORTHODONTICS, D10-19
GAINESVILLE, FL 32610

Current Mailing Address:

% ROBERT P. YEZIERSKI
P O BOX 100444 DEPT OF ORTHODONTICS
GAINESVILLE, FL 32610

New Mailing Address:

ROBERT P. YEZIERSKI
DEPT OF ORTHODONTICS, D10-19
GAINESVILLE, FL 32610

FEI Number: 65-0238406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YEZIERSKI, ROBERT P PHD
1600 SW ARCHER RD
D10-19
GAINESVILLE, FL 32610 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: YETZIERSKI, ROBERT P
Address: 1600 SW ARCHER RD D10-19
City-St-Zip: GAINESVILLE, FL 32610

Title: D () Delete
Name: BASBAUM, ALLAN I
Address: 513 PARNASASEUS BOX 0452
City-St-Zip: SAN FRANCISCO, CA 94143

Title: D () Delete
Name: FELDMAN, JACK
Address: BOX 951763
City-St-Zip: LOS ANGELES, CA 90095

Title: D () Delete
Name: DAVY, RAPPE
Address: 1117-A FLINTHOTE DRIVE
City-St-Zip: SAN DIEGO, CA 92121

Title: D () Delete
Name: JACQUIN, MARK
Address: 660 S EUCLID BOX 8111
City-St-Zip: SAINT LOUIS, MO 63110

Title: D () Delete
Name: SMITH, JIM
Address: MEDICAL CENTER BLVD
City-St-Zip: WINSTON SALEM, NC 27157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: YEZIERSKI, ROBERT P
Address: 1600 SW ARCHER RD D10-19
City-St-Zip: GAINESVILLE, FL 32610

Title: DR (X) Change () Addition
Name: BASBAUM, ALLAN I
Address: 513 PARNASASEUS BOX 0452
City-St-Zip: SAN FRANCISCO, CA 94143

Title: DR (X) Change () Addition
Name: FELDMAN, JACK
Address: BOX 951763
City-St-Zip: LOS ANGELES, CA 90095

Title: DR (X) Change () Addition
Name: WOOLSEY, TOM
Address: DEPT. NERUOSURG., 4566 SCOTT AVE.
City-St-Zip: ST. LOUIS, MO 63110

Title: DR (X) Change () Addition
Name: JACQUIN, MARK
Address: 660 S EUCLID BOX 8111
City-St-Zip: SAINT LOUIS, MO 63110

Title: DR (X) Change () Addition
Name: SMITH, DOUG
Address: DEPT. PSYCHOLOGY, SOUTHERN ILL. UNIV.
City-St-Zip: CARBONDALE, IL 62901

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: ROBERT P. YEZIERSKI

DR

01/08/2009

Electronic Signature of Signing Officer or Director

Date