

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41909

FILED
Jan 06, 2010
Secretary of State

Entity Name: SPRING BRAIN CONFERENCE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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

Title: DR
Name: FELDMAN, JACK
Address: BOX 951763
City-St-Zip: LOS ANGELES, CA 90095

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT P. YEZIERSKI

DR.

01/06/2010

Electronic Signature of Signing Officer or Director

Date