

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41909

FILED  
Feb 18, 2011  
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:**

22 VISTA SOLE ST  
DANA POINT, CA 92629

**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:**

RIBAK, CHARLES E PHD  
1600 SW ARCHER RD  
D10-19  
GAINESVILLE, FL 32610 US

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: CHARLES E. RIBAK

02/18/2011

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: CHARLES E. RIBAK

DR.

02/18/2011

Electronic Signature of Signing Officer or Director

Date