## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N41909

FILED Jan 10, 2012 Secretary of State

Entity Name: SPRING BRAIN CONFERENCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

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

**New Mailing Address: Current 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: 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

YEZIERSKI, ROBERT P Name: 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

FELDMAN, JACK Name: Address: BOX 951763

City-St-Zip: LOS ANGELES, CA 90095

Title: DR

Name: WOOLSEY, TOM

DEPT. NERUOSURG., 4566 SCOTT AVE. Address:

City-St-Zip: ST. LOUIS, MO 63110

Title: DR

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

Title:

SMITH, DOUG Name:

Address: DEPT. PSYCHOLOGY, SOUTHERN ILL. UNIV.

CARBONADALE, IL 62901 City-St-Zip:

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 **CFO** 01/10/2012