

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42231

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION FOR THE STUDY OF HEADACHE, INC.

**Current Principal Place of Business:**

4521 PGA BLVD  
SUITE #165  
PALM BEACH GARDENS, FL 33418 US

**New Principal Place of Business:**

**Current Mailing Address:**

4521 PGA BLVD  
SUITE #165  
PALM BEACH GARDENS, FL 33418 US

**New Mailing Address:**

**FEI Number:** 65-0341482      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROSELLI, DAN  
MCGILL, ROSELLI, AYALA & HOPPMAN PA  
2135 S CONGRESS AVE STE 1C  
PALM SPRINGS, FL 33406 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: PT ( ) Delete  
Name: WINNER, PAUL K D.O.  
Address: 4521 PGA BLVD, #165  
City-St-Zip: PALM BCH GARDENS, FL 33418

Title: ST ( ) Delete  
Name: SADOWSKY, CARL M.D.  
Address: 4521 PGA BLVD, STE 165  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: TT ( ) Delete  
Name: MARTINEZ, WALTER MD  
Address: 4521 PGA BLVD, SUITE 165  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T ( ) Delete  
Name: CAPOBIANCO, DAVID MD  
Address: 4521 PGA BLVD, #165  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAUL WINNER, D.O.

PRES

03/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date