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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500004475 (8)

## FILED Feb 05 1998 8:00am Secretary of State

THE NEUROSCIENCE RESEARCH FOUNDATION OF FLORIDA, INC.															
Pr	incipal Place	e of Busines	88	,	Mailing Address					. I	DIA <b>Fo</b> an <b>di</b>				
2526 NORTHWEST 55TH BLVD. 2526 NORTHWEST 55TH BLVD. GAINESVILLE FL 32653 GAINESVILLE FL 32653										<ul> <li>3. Date Incorporated or Qualified</li> <li>09/19/1995</li> <li>4. FEI Number</li> <li>59-3336210</li> </ul>		 		plied For t Applicable	
2.	2. Principal Place of Business				2a. Mailing Address							\$8.		dditional	1
21					26					5. Certificate of Status Desired	<u></u>			quired	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					6. Election Campaign Financing	_			lay Be	1
22				27	27					Trust Fund Contribution	Ц		ded to		4
City & State				00	City & State					7. Is this nonprofit corporation a ho		asso No	ciation	1?	
23	Zip		Country	28	Zip	Co	untry			8. This corporation owes or has pai		·	or Inte	naible	+
24	<b>-</b> (p		25	29		30	ω. I(I <b>y</b>			Personal Property Tax due June		em≀ye ]Yes		J No	
		9. Name	and Address of Curre		stered Agent	1001	Т			10. Name and Address of New Reg		gent			1
							B1	Name							7
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	GAINESV	VILLE FL 3	2606				84	City				85	Zip C	Code	┨
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11	<ul> <li>Pursuant to office or re</li> </ul>	to the provis	sions of Sections 617.05 sent, or both, in the Stat	602 and 0 le of Flor	617.1508, Florida Statu ida, Such changa was	ites, the a authorize	ibove id by	e-named of the corp	corpor	ration submits this statement for the p n's board of directors. I hereby accep	urpose of	chang cintme	ing its nt as i	registered registered	
	agent. I ar	ım familiar w	ith, and accept the obli	gations o	of, Section 617.0503, F	lorida Sta	tutes	3.	00141101	To bear a or amount in this copy accept	r ino appr		,	og.o.c.cc	
Sit	SNATURE _										B. W.				١
12		Signature, typed	or printed name of registered a		le if applicable. (NO	I E: Hegislere	id Age	nt signature	requirea	when reinstating)	DATE				15
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if chapted, or on an attachment with an address.

CIONATURE

and magazile

1/8/91 .362 955-692

HZE037 (10/97)