

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90002 023 ****61.25

DOCUMENT # N96000006020

1. Entity Name

ASSOCIATION FOR COMPREHENSIVE NEUROTHErapy, INC.

Principal Place of Business

214 TRACE COURT
 ROYAL PALM BEACH FL 33411

Mailing Address

PO BOX 210848
 ROYAL PALM BEACH FL 33421-0848
 US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0773907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PAULL, RICHARD J
 13833 WELLINGTON TRACE
 SUITE E-14
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name *Sheila Rogers*

Street Address (P.O. Box Number is Not Acceptable)

*214 Trace Ct
 Royal Palm Beach*

City

FL

Zip Code

33411

8. 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 *Sheila Rogers* *Sheila Rogers, Director/President* *3/17/01*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ROGERS, SHEILA
 CITY-ST-ZIP 214 TRACE COURT
 ROYAL PALM BEACH FL 33411

TITLE ☐ Delete
 NAME D
 STREET ADDRESS KRUGER, JONATHAN
 CITY-ST-ZIP PO BOX 1378
 LISLE-IL 60532

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ZASLOVE, MARSHALL M.D.
 CITY-ST-ZIP 1115 3RD AVENUE
 NAPA CA 94558

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME *Same*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME *address:*
 STREET ADDRESS *27W 126 Galusha Rd*
 CITY-ST-ZIP *Warrenville, IL 60555*

TITLE ☐ Change ☐ Addition
 NAME *Same*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SHEILA ROGERS* **SIGNATURE REQUIRED SHEILA ROGERS**

3/17/01

Date

Daytime Phone #

CR2E037 (10/00)

261-798-0472