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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002054					
1. Corporation Name INSTITUTE FOR NEUROBEHAVIORAL SYSTEMS THERAPY AND APPLIED RESEARCH, INC.					
Principal Place of Business 1525 S. ANDREWS AVENUE SUITE 216 FORT LAUDERDALE FL 33316			Mailing Address 1525 S. ANDREWS AVENUE SUITE 216 FORT LAUDERDALE FL 33316		
2. Principal Place of Business 21 123 Live Oak Ave Suite, Apt. #, etc.		2a. Mailing Address 26 123 Live Oak Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/08/1998	
23 City & State Daytona Beach, FL 24 32114 25 Volusia		27 City & State Daytona Beach, FL 29 32114 30 Volusia		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent CORPAMERICA, INC. 1525 S. ANDREWS AVENUE SUITE 216 FORT LAUDERDALE FL 33316		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President George Lindenfeld, Ph.D. 123 Live Oak Ave Daytona Beach, FL 32114		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D George Lindenfeld, Ph.D. 123 Live Oak Ave Daytona Beach, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Thomas Allen 1036 Willow Lake Circle Orlando, FL 32765		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Thomas Allen 1036 Willow Lake Circle Orlando, FL 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Amy Schmitt 624 Marina Point Drive Daytona Beach, FL 32114		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Amy Schmitt 624 Marina Point Drive Daytona Beach, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DELETED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DELETED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DELETED	

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-99 804-257-0780
 Date Daytime Phone #

CR2E037 (\$99)