2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006
Secretary of State

DOCUMENT# N99000003694

Entity Name: THE AMERICAN SOCIETY FOR NEURAL TRANSPLANTATION AND REPAIR, INC.

Current Principal Place of Business:

UNIV. OF S. FL. DEPT. OF SURGERY, MDC16
12901 BRUCE B DOWNS BLV
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

UNIV. OF S. FL. DEPT. OF SURGERY, MDC16
12901 BRUCE B DOWNS BLV
TAMPA, FL 33612

New Mailing Address:

FEI Number: 62-1576262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SANBERG, PAUL DR.
UNIV. OF S. FL. DEPT. OF SURGERY, MDC16
DEPT OF NEUROSURG. 12901 BRUCE B DOWNS BLV
TAMPA, FL 33612 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: D ( ) Delete
Name: SANBERG, PAUL DR.
Address: UNIV. OF S. FL. DEPT. OF SURGERY, MDC16
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete
Name: FREEMAN, TOM
Address: UNIV. OF S. FL., DEPT OF SURGERY MOC 16
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 SANBERG D 08/07/2006

Electronic Signature of Signing Officer or Director — Date