

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003694

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**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 ( )**

**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  
Name: SANBERG, PAUL DR.  
Address: UNIV. OF S. FL. DEPT. OF SURGERY, MDC16  
City-St-Zip: TAMPA, FL 33612

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL SANBERG

P

06/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date