

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2011
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 ()**

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: DR. PAUL SANBERG

D

04/20/2011

Electronic Signature of Signing Officer or Director

Date