

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090665

Entity Name: CENTER FOR BRAIN HEALTH, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

624 DEER RUN NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

1840 MEASE DRIVE
401A
SAFETY HARBOR, FL 34695

Current Mailing Address:

PO BOX 956
OLDSMAR, FL 346770956

New Mailing Address:

FEI Number: 20-5180771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASSALLO, RICHARD E II
150 STEVENS AVE
UNIT C
OLDSMAR, FL 34677 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: VASSALLO, JESSICA DR
Address: 1840 MEASE DRIVE, SUITE 401A
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VP () Change (X) Addition
Name: VASSALLO, RICHARD MR
Address: 1840 MEASE DRIVE, SUITE 401A
City-St-Zip: SAFETY HARBOR, FL 34695 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD E VASSALLO II

VP

01/03/2007

Electronic Signature of Signing Officer or Director

Date