

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020692

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: COGNITIVE DRIVER RISK PROGRAM, INC.

**Current Principal Place of Business:**

1401 CENTERVILLE ROAD  
SUITE 510  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1401 CENTERVILLE ROAD  
SUITE 510  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEBOEUF, DEAN R  
909 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      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:                      P                      ( ) Delete  
Name:                      MAITLAND, CHARLES G MD  
Address:                      1401 CENTERVILLE ROAD, SUITE 510  
City-St-Zip:                      TALLAHASSEE, FL 32308

Title:                      S                      ( ) Delete  
Name:                      LAPOINTE, LEONARD L  
Address:                      301 REGIONAL REHAB CENTER  
City-St-Zip:                      TALLAHASSEE, FL

Title:                      T                      ( ) Delete  
Name:                      LEBOEUF, DEAN R  
Address:                      909 EAST PARK AVENUE  
City-St-Zip:                      TALLAHASSEE, FL 32301

Title:                      V                      ( ) Delete  
Name:                      ESTEVEZ, ROBERT  
Address:                      2475 APALACHEE PARKWAY, SUITE 203  
City-St-Zip:                      TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      DR.                      (X) Change ( ) Addition  
Name:                      MAITLAND, CHARLES G MD  
Address:                      1401 CENTERVILLE ROAD, SUITE 510  
City-St-Zip:                      TALLAHASSEE, FL 32308

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

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 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: CHARLES . MAITLAND

DR.

04/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date