

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