

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006693

**Entity Name:** THE PERLMUTTER BRAIN FOUNDATION, INC.

**Current Principal Place of Business:**

C/O 800 GOODLETTE ROAD NORTH, SUITE 270  
NAPLES, FL 34102

**Current Mailing Address:**

C/O 800 GOODLETTE ROAD NORTH, SUITE 270  
NAPLES, FL 34102

**FEI Number:** 20-5181520

**Certificate of Status Desired:** No

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

CLASP, INC.  
C/O CUMMINGS & LOCKWOOD  
3001 TAMiami TRAIL NORTH, SUITE 400  
NAPLES, FL 34101 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            PERLMUTTER, DAVID M.D.  
Address        800 GOODLETTE ROAD N. SUITE 270  
City-State-Zip: NAPLES FL 34102

*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:** DAVID PERLMUTTER MD

**PRESIDENT**

**04/21/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date