

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010855

**Entity Name:** CHILD HEAD INJURY PROTECTION SCIENCES, INC.

**Current Principal Place of Business:**

32824 MICHIGAN AVE  
SAN ANTONIO, FL 33576

**Current Mailing Address:**

32824 MICHIGAN AVE  
SAN ANTONIO, FL 33576 US

**FEI Number: 27-4009939**

**Certificate of Status Desired: No**

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

LLOYD, BRENDA J  
32824 MICHIGAN AVE  
SAN ANTONIO, FL 33576 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 VP  
Name LLOYD, JOHN D  
Address 32824 MICHIGAN AVE  
City-State-Zip: SAN ANTONIO FL 33576

Title VP  
Name WILLEY, EDWARD N  
Address 6727 FIRST AVENUE SOUTH, SUITE  
204  
City-State-Zip: ST. PETERSBURG FL 33707

Title VP  
Name WESTON, SUSAN  
Address 17300 GOLDENVIEW DRIVE  
City-State-Zip: ANCHORAGE AK 99516

*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: JOHN LLOYD**

**VP**

**04/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date