2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2013
Secretary of State
CC9674500666

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Entity Name: BRAIN INJURY ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

1637 METROPOLITAN BLVD
SUITE B
TALLAHASSEE, FL 32308

Current Mailing Address:

1637 METROPOLITAN BLVD
SUITE B
TALLAHASSEE, FL 32308

FEI Number: 59-2611863

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURNS, DJENABA A
1637 METROPOLITAN BLVD
SUITE B
TALLAHASSEE, FL 32308 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: DJENABA A BURNS 03/22/2013

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN
Name	CLARKE, GARY
Address	1637 METROPOLITAN BLVD SUITE B
City-State-Zip:	TALLAHASSEE FL 32308

Title	PRES, CEO
Name	BREEN, VALERIE
Address	1637 METROPOLITAN BLVD., STE. B
City-State-Zip:	TALLAHASSEE FL 32308

Title	SEC
Name	BAXTER, LARRY
Address	1637 METROPOLITAN BLVD, STE B
City-State-Zip:	TALLAHASSEE FL 32308

Title	COO
Name	DREKER, SANDRA
Address	201 EAST SAMPLE ROAD
City-State-Zip:	POMPANO FL 33064

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: VALERIE BREEN PRESIDENT & CEO 03/22/2013

Electronic Signature of Signing Officer/Director Detail — Date