2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
Secretary of State

DOCUMENT# 751965

Entity Name: ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, SOUTHEAST FLORIDA CHAPTER, INC.

Current Principal Place of Business:

3333 FOREST HILL BLVD
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3333 FOREST HILL BLVD
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 59-2008883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, ELLEN
3333 FOREST HILL BLVD
WEST PALM BEACH, FL 33406 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

OFFICERS AND DIRECTORS:

Title: CD
Name: KALCK, KATHY
Address: 310 NW TREELINE TRACE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VD
Name: JOSEPH, KARP
Address: 2875 PGA BLVD STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D
Name: MROZINSKI, PHILLIP
Address: 9260 SW 14TH ST., #2507
City-St-Zip: BOCA RATON, FL 33428

Title: TSD
Name: PINEIRO, ENRIQUE
Address: 13180 SW 21ST STREET
City-St-Zip: MIAMI, FL 33175

Title: D
Name: KRUMBOCK, MONIKA
Address: 6212 FOX RUN CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: D
Name: SADOWSKY, CARL H M.D.
Address: 4631 N. CONGRESS AVE., STE. 200
City-St-Zip: WEST PALM BEACH, FL 33407

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: ELLEN R. BROWN CEO 01/08/2010

Electronic Signature of Signing Officer or Director — Date

751965

Southeast Florida Chapter
24/7 HELPLINE 800.272.3900
www.alz.org/seflorida

Chapter Headquarters
West Palm Beach Office
3333 Forest Hill Blvd.
West Palm Beach, FL 33406
800.861.7826 p
561.967.0947 f

Deerfield Beach Office
North Broward Medical Ctr.
201 E. Sample Road
Deerfield Beach, FL 33064
800.861.7826 p
954.786.1538 f

Hobe Sound Office
Seacoast Bank Building
11711 SE. US Hwy.1
Hobe Sound, FL 33455
800.861.7826 p
772.382.0378 f

Miami Office
North Shore Medical Ctr.
1100 NW 95th Street
Miami, FL 33150
800.861.7826 p
305.835.2449 f

June 21, 2010

alzheimer's association®

Florida Department of State
Division of Corporations
Fax 850-245-6017

RE: Additional Directors

Document Number 751965
Dear Sirs,
Please add the following four Directors to our annual report document #751965. There is only enough room on the online filing to accommodate six Directors and we have ten. We have filed an amended annual report today confirmation #900182398499.

Samuel J. Ferreri
2056 Vista Parkway #225
West Palm Beach, Fl 33411
Title: Director

Joyce McLendon
300 S. Ocean Drive
Palm Beach, Fl. 33480
Title: Director

William Sussman, Esq
PO Box 565175
Miami, Fl. 33256
Title: Director

Elliott Starman
3640 Heron Ridge Lane
Weston, Fl. 33331

If you have any question please contact me at 800-861-7826. Ext 301

Sincerely,

Grace Grant Brown
COO
Alzheimer's Association SE Florida Chapter