

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90018 019 ****61.25

DOCUMENT # F93000002163



1. Entity Name
PARKINSON'S DISEASE FOUNDATION, INC.

Principal Place of Business
**710 WEST 168TH STREET
 NEW YORK, NY 10032**

Mailing Address
**710 WEST 168TH STREET
 NEW YORK, NY 10032**

44048080



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
13-1866796

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	BLACK, WILLIAM MRS.	
STREET ADDRESS	BON REPOS, PREMIUM POINT	
CITY-ST-ZIP	NEW ROCHELLE, NY 10801	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROWLAND, LEWIS P M.D.	
STREET ADDRESS	NEUROLOGICAL INSTITUTE 710 W., 168TH ST.	
CITY-ST-ZIP	NEW YORK, NY 10032	
TITLE	S	<input type="checkbox"/> Delete
NAME	KONECKY, ISOBEL R	
STREET ADDRESS	248 EAST 68TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10021	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KALIKOW, EDWARD M	
STREET ADDRESS	7001 BRUSH HOLLOW ROAD	
CITY-ST-ZIP	WESTBURY, NY 11590	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAHN, STANLEY M.D.	
STREET ADDRESS	710 WEST 168TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10032	
TITLE	ATAS	<input type="checkbox"/> Delete
NAME	ELLIOTT, ROBIN A	
STREET ADDRESS	710 WEST 168TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10032	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Ackerman	
STREET ADDRESS	383 Madison Avenue, 25th Floor	
CITY-ST-ZIP	New York, NY 10179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04

Date

212-923-4700

Daytime Phone #

Attachment

F93000002163

44048080

Cynthia Flood & Stephen B. Flood, Esq.
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*Call before faxing

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Home fax: 212-758-5570

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New York, NY 10055
Work: 212-317-6415
Work fax: 212-207-8042
Email: hmorgan@castleharlan.com

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Belk Group of Stores
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Charlotte, NC 28210
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IL Home: 630-690-1463

Timothy Pedley, MD (Dr. Barbara Koppel)
Chairman
Department of Neurology
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NJ fax: 973-227-6616
FLA #: 561-393-9913
FLA fax: 561-394-2882
Mobile: 973-216-6616
Emails: melvint683@aol.com
taubtaub@mindspring.com

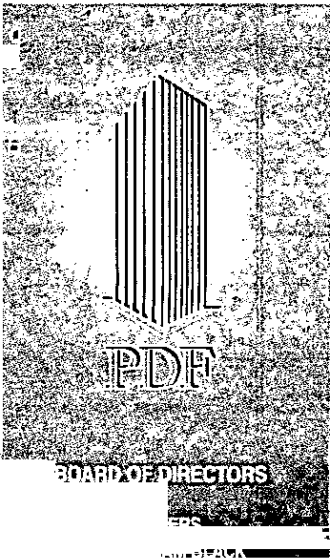
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Call this # before faxing: 212-473-3096
Email: icetrib@yahoo.com

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Interpool, Inc.
211 College Road East
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NY fax: 212-687-8403
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Email: mtuchman@interpool.com

Parkinson's Disease Foundation, Inc. • 710 West 168th Street • New York, NY 10032

1-(212) 923-4700 • (800) 457-6676 • Fax: 1-(212) 923-4778 • E-mail: INFO@PDF.ORG • Web: www.pdf.org



Attachment

F93000002143

PDF BOARD OF DIRECTORS

44048080

OFFICERS

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