


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F93000002163 1. Entity Name PARKINSON'S DISEASE FOUNDATION, INC.	
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FILED
 06 OCT -6 PM 3: 56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018 US	Mailing Address 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10032006 REIN-NP CR2E099 (11/05) *06*

City & State	City & State	4. FEI Number 13-1866796	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C BLACK, WILLIAM MRS. BON REPOS, PREMIUM POINT NEW ROCHELLE, NY 10801 <input type="checkbox"/> Delete	TITLE	Vice President Timothy Pedley MD Neurological Institute 710 West 168th Street New York, NY 10032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P ROWLAND, LEWIS P M.D. NEUROLOGICAL INSTITUTE 710 W., 168TH ST. NEW YORK, NY 10032 <input type="checkbox"/> Delete	TITLE	2008057200 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/06/06--01047--007 \$61.25
TITLE	S KONECKY, ISOBEL R 248 EAST 68TH STREET NEW YORK, NY 10021 <input type="checkbox"/> Delete	TITLE	<i>PR 10/9</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T ACKERMAN, STEPHEN A 383 MADISON AVENUE, 25TH FLOOR NEW YORK, NY 10179 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FAHN, STANLEY M.D. 710 WEST 168TH STREET NEW YORK, NY 10032 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ATAS ELLIOTT, ROBIN A 710 WEST 168TH STREET NEW YORK, NY 10032 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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: *John Keelish* 10/3/06 212-923-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



PDF BOARD OF DIRECTORS

BOARD OF DIRECTORS

OFFICERS

Page Morton Black
Chairman

Lewis P. Rowland, M.D.
President

Timothy A. Pedley, M.D.
Vice President

Stephen Ackerman
Treasurer

Isobel Robins Konecky
Secretary

Stanley Fahn, M.D.
Scientific Director

DIRECTORS

Constance Woodruff Atwell, Ph.D.

Karen Elizabeth Burke, M.D., Ph.D.

Margo Catsimatidis

Barbara Costikyan

Cynthia Flood

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Sarah Belk Gambrell

Arlene Levine

Howard DeWitt Morgan

Alma Rangel

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Domna Stanton, Ph.D.

Sandra Feagan Stern, Ed.D.

Melvin S. Taub

Martin Tuchman

Earl Ubell

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