
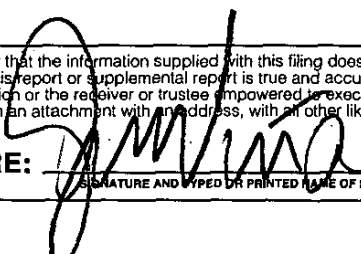


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91052 002 ****61.25

DOCUMENT # N02000004996					
1. Entity Name PATIENT ALLIANCE FOR NEUROENDOCRINEIMMUNE DISORDERS ORGANIZATION FOR RESEARCH AND ADVOCACY, INC.					
Principal Place of Business C/O GEORGE VINA CPA, VINA & COMPANY 255 ALHAMBRA CIRCLE SUITE 715 CORAL GABLES, FL 33134			Mailing Address C/O GEORGE VINA CPA, VINA & COMPANY 255 ALHAMBRA CIRCLE SUITE 715 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0795076	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOLD, AARON J 704 WEST BAY STREET TAMPA, FL 33606			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SILVERMAN, STEPHEN	NAME	3402 BEACON STREET		
STREET ADDRESS	3402 BEACON STREET	STREET ADDRESS	3402 BEACON STREET		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062	CITY-ST-ZIP	3402 BEACON STREET		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKIBBEN, MARLY	NAME	3402 BEACON STREET		
STREET ADDRESS	3402 BEACON STREET	STREET ADDRESS	3402 BEACON STREET		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062	CITY-ST-ZIP	3402 BEACON STREET		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROSCH, DAWN	NAME	BROKSCH, DAWN		
STREET ADDRESS	15826 SW 16-COURT	STREET ADDRESS	BROKSCH, DAWN		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP	BROKSCH, DAWN		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VINA, GEORGE F	NAME			
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 175	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 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 an other like empowered.					
SIGNATURE: 		GEORGE F. VINA			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/29/04		(305) 441-1581	