
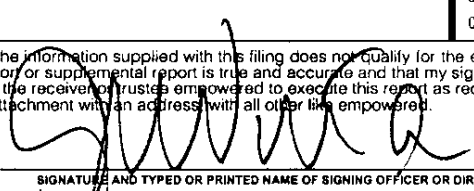


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90019 019 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 55-0795076	
Zip		Country		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		
			State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERMAN, STEPHEN			NAME	FRIEDMAN, KENNETH
STREET ADDRESS	3402 BEACON ST.			STREET ADDRESS	P.O. BOX 681
CITY-ST-ZIP	POMPANO BEACH, FL 33062			CITY-ST-ZIP	WELLS, VERMONT 05774
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKIBBEN, MARLY			NAME	
STREET ADDRESS	3402 BEACON ST.			STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33062			CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROKSCH, DAWN			NAME	
STREET ADDRESS	15826 SW 16-COURT			STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027			CITY-ST-ZIP	
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 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: 				Date: 3/20/08 Daytime Phone #: 305-441-0070	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					