2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N02000004996

Entity Name: PATIENT ALLIANCE FOR NEUROENDOCRINEIMMUNE DISORDERS ORGANIZATION FOR RESEARCH AND ADVOCACY, INC.

Current Principal Place of Business:

C/O GEORGE VINA CPA, VINA & COMPANY
255 ALHAMBRA CIRCLE SUITE 715
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

C/O GEORGE VINA CPA, VINA & COMPANY
255 ALHAMBRA CIRCLE SUITE 715
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 55-0795076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLD, AARON J
704 WEST BAY STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

VINA, GEORGE F
255 ALHAMBRA CIRCLE, SUITE 715
CORAL GABLES, FL 33134 US

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: GEORGE F. VINA 03/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SILVERMAN, STEPHEN
Address: 3402 BEACON ST.
City-St-Zip: POMPANO BEACH, FL 33062

Title: SD ( ) Delete
Name: FRIEDMAN, KENNETH
Address: PO BOX 681
City-St-Zip: WELLS, VT 05774

Title: TD ( ) Delete
Name: VINA, GEORGE F
Address: 255 ALHAMBRA CIRCLE, SUITE 175
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE F. VINA TD 03/26/2009
Electronic Signature of Signing Officer or Director Date