

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2010
Secretary of State

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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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SILVERMAN, STEPHEN R
Address: 255 ALHAMBRA CIRCLE, STE 715
City-St-Zip: CORAL GABLES, FL 33134

Title: VPSD
Name: FRIEDMAN, KENNETH J
Address: 255 ALHAMBRA CIRCLE, STE 715
City-St-Zip: CORAL GABLES, FL 33134

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

Title: VP
Name: GILBERT, BETH
Address: 255 ALHAMBRA CIRCLE, STE 715
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: SACKS, KAREN D
Address: 255 ALHAMBRA CIRCLE, STE 715
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: GEORGE F. VINA

TD

07/01/2010

Electronic Signature of Signing Officer or Director

_____ Date