

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

4/2

04-21-2003 90547 026 ****61.25

DOCUMENT # N02000004996



1. Entity Name
PATIENT ALLIANCE FOR NEUROENDOCRINE IMMUNE DISORDERS ORGANIZATION FOR RESEARCH AND ADVOCACY, INC.

Principal Place of Business Mailing Address
C/O GEORGE VINA CPA, VINA & COMPANY **C/O GEORGE VINA CPA, VINA & COMPANY**
255 ALHAMBRA CIRCLE SUITE 715 **255 ALHAMBRA CIRCLE SUITE 715**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

55039144



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		55-0795076		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	<input type="checkbox"/>			

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 33806				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEPHEN SILVERMAN			NAME			
STREET ADDRESS	3402 BEACON STREET			STREET ADDRESS			
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARLY MCKIBBEN			NAME			
STREET ADDRESS	3402 BEACON STREET			STREET ADDRESS			
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAWN BROKSCH			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	GEORGE F. VINA			NAME			
STREET ADDRESS	255 ALHAMBRA CIRCLE SUITE 715			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 all other like empowered.

SIGNATURE: *George F. Vina* 4/16/03 (305) 441-0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylife Phone #

CR2E037 (10/02)