

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011426

FILED
Jul 06, 2010
Secretary of State

Entity Name: NATIONAL PARATHYROID EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

2400 CYPRESS GLEN DRIVE
SUITE B
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

2400 CYPRESS GLEN DRIVE
SUITE B
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 27-1450561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, JAMES MD
2400 CYPRESS GARDEN DRIVE
SUITE B
WESLEY CHAPEL, FL 33544 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: D
Name: NORMAN, JAMES MD
Address: 4907 LONDONDERRY DR
City-St-Zip: TAMPA, FL 33647

Title: D
Name: POLITZ, DOUGLAS MD
Address: 1406 ALBANY AVE
City-St-Zip: TAMPA, FL 33606

Title: D
Name: LATHAM, MARK
Address: 520 WATERVIEW TRAIL
City-St-Zip: ALPHARETTA, GA 30022

Title: D
Name: EDWARDS, MICHAEL MD
Address: 1121 EDWARDS ROAD
City-St-Zip: CINCINNATI, OH 45208

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: JAMES G NORMAN, MD

PRES

07/06/2010

Electronic Signature of Signing Officer or Director

Date