

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011426

FILED  
Jan 12, 2011  
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

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date