

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752682

**FILED**  
**Mar 30, 2004**  
**Secretary of State**

**Entity Name:** THE HYPOGLYCEMIA SUPPORT FOUNDATION, INC.

**Current Principal Place of Business:**

2638 NW 104TH AVE  
APT 203  
SUNRISE, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

2638 NW 104TH AVE  
APT 203  
SUNRISE, FL 33322 US

**New Mailing Address:**

**FEI Number:** 59-2002919      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRUBER, ALLEN H. (ATTORNEY AT LAW)  
2600 DOUGLAS ROAD, SUITE 700  
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 ( ) Delete  
Name: RUGGIERO, ROBERTA,  
Address: 2638 NW 104TH AVE APT 203  
City-St-Zip: SUNRISE, FL 33322

Title: VD ( ) Delete  
Name: STEWART, RENEE  
Address: 3171 NW 94TH WAY  
City-St-Zip: SUNRISE, FL 33251

Title: STD ( ) Delete  
Name: RUGGIERO, ANTHONY  
Address: 2638 NW 104TH AVE APT 203  
City-St-Zip: SUNRISE, FL 33322

**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 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 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: ROBERTA RUGGIERO

PD

03/30/2004

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

\_\_\_\_\_  
Date