

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752682

FILED  
Feb 21, 2011  
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 (X)**

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

DALE LEDBETTER (ATTORNEY AT LAW)  
350 E LAS OLAS BLVD.  
1700  
FORT LAUDERDALE, FL 33301 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: RUGGIERO, ROBERTA  
Address: 2638 NW 104TH AVE APT 203  
City-St-Zip: SUNRISE, FL 33322

Title: VD  
Name: STEWART, RENEE  
Address: 1125 COMPASS POINTE CROSSING  
City-St-Zip: ALPHARETTA, GA 30005

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

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: ROBERTA RUGGIERO

PD

02/21/2011

Electronic Signature of Signing Officer or Director

Date