

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009140

FILED
Mar 31, 2011
Secretary of State

Entity Name: NEUROENDOCRINEIMMUNE CENTER, INC.

Current Principal Place of Business:

255 ALHAMBRA CIRCLE
SUITE 715
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

255 ALHAMBRA CIRCLE
SUITE 715
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SILVERMAN, MARLY C
3402 BEACON STREET
POMPANO BEACH, FL 33062 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: P
Name: SILVERMAN, MARLY R
Address: 3402 BEACON STREET
City-St-Zip: POMPANNO BEACH, FL 33062

Title: VP
Name: FRIEDMAN, KENNETH C
Address: P.O.BOX 681
City-St-Zip: WELLS, VT 05774

Title: TREA
Name: VINA, GEORGE
Address: 255 ALHAMBRA CIRCLE, SUITE 715
City-St-Zip: CORAL GABLES, FL 33134

Title: SEC
Name: SILVERMAN, STEPHEN R
Address: 3402 BEACON STREET
City-St-Zip: POMPANNO BEACH, FL 33062

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: MARLY C. SILVERMAN

P

03/31/2011

Electronic Signature of Signing Officer or Director

Date