

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704323

**Entity Name:** NATIONAL PARKINSON FOUNDATION, INC.**Current Principal Place of Business:**1501 N.W. 9TH AVENUE  
MIAMI, FL 33136**Current Mailing Address:**1501 N.W. 9TH AVENUE  
MIAMI, FL 33136 US**FEI Number:** 59-0968031**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410-2525 US*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

**Officer/Director Detail :**

Title	CD
Name	FOGEL, M.D., BERNARD J.
Address	1501 N.W. 9TH AVENUE
City-State-Zip:	MIAMI FL 33136

Title	VPD
Name	ALHADEFF, ESQ, E. RICHARD
Address	1501 N.W. 9TH AVE.
City-State-Zip:	MIAMI FL 33136

Title	S
Name	SLEWETT, ALAN M
Address	1501 N.W. 9TH AVE.
City-State-Zip:	MIAMI FL 33136

Title	D
Name	KRAVITZ, ESQ, HAROLD
Address	1501 N.W. 9TH AVE.
City-State-Zip:	MIAMI FL 33136

Title	P
Name	OBERDORF, JOYCE
Address	1501 NW 9 AVE
City-State-Zip:	MIAMI FL 33136

Title	T
Name	STEINBERG, SENATOR PAUL
Address	1501 NW 9 AVE
City-State-Zip:	MIAMI FL 33136

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:** ALAN M SLEWETT ,MGG

S

01/15/2014

Electronic Signature of Signing Officer/Director Detail

Date