2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2023
Secretary of State
3765359265CC

DOCUMENT# N07000007001

Entity Name: LYMPHANGIOMATOSIS & GORHAM'S DISEASE ALLIANCE, INC.

Current Principal Place of Business:

7901 4TH ST N.
STE 5761
ST. PETERSBURG, FL 33702

Current Mailing Address:

7901 4TH ST N.
STE 5761
ST. PETERSBURG, FL 33702 US

FEI Number: 26-1224181

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N., STE 5761
ST PETERSBURG, FL 33702 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	DIRECTOR	Title	DIRECTOR/CHAIRMAN
Name	GOLDFARB, SCOTT	Name	WIESNER, SCOT
Address	5619 DEER CREEK FALLS CT	Address	16877 HIGHWAY 171
City-State-Zip:	LAS VEGAS NV 57119	City-State-Zip:	ROCHLAND CENTER WI 53581
Title	DIRECTOR	Title	DIRECTOR
Name	FERRY, TIFFANY D	Name	MAERSCH, MITCH
Address	145 BLACKLAND RD NW	Address	828 WESLYN COURT 1
City-State-Zip:	ATLANTA GA 30342	City-State-Zip:	WEST BEND WI 53095
Title	EXECUTIVE		
Name	KELLY, MICHAEL E		
Address	30751 BROOKWOOD DR		
City-State-Zip:	PEPPER PIKE OH 44124		

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: MICHAEL KELLY EXECUTIVE DIRECTOR 02/27/2023

Electronic Signature of Signing Officer/Director Detail — Date