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.

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# N09000011426

## Entity Name: NATIONAL PARATHYROID EDUCATION FOUNDATION, INC.

#### **Current Principal Place of Business:**

2400 CYPRESS GLEN DRIVE WESLEY CHAPEL. FL 33544

## **Current Mailing Address:**

2400 CYPRESS GLEN DRIVE WESLEY CHAPEL. FL 33544

## FEI Number: 27-1450561

# Name and Address of Current Registered Agent:

NORMAN, JAMES MD 2400 CYPRESS GLEN DRIVE WESLEY CHAPEL, FL 33544 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 Olympications of Devictore d Ameri

# Offi

Title	D	Title	D
Name	NORMAN, JAMES MD	Name	EDWARDS, MICHAEL MD
Address	4907 LONDONDERRY DR	Address	1121 EDWARDS ROAD
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	CINCINNATI OH 45208

Electronic Signature of Registered Agent					
icer/Director Detail :					
e	D	Title	D		
ne	NORMAN, JAMES MD	Name	EDWARDS, MICHAEL MD		
dress	4907 LONDONDERRY DR	Address	1121 EDWARDS ROAD		

04/28/2014 SIGNATURE: JAMES NORMAN PRESIDENT

Date

FILED Apr 28, 2014 Secretary of State CC4597847877

Certificate of Status Desired: No

Date