

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011426

FILED
Apr 27, 2018
Secretary of State
CC7925603455

Entity Name: NATIONAL PARATHYROID EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

2400 CYPRESS GLEN BLVD
WESLEY CHAPEL, FL 33544

Current Mailing Address:

2400 CYPRESS GLEN BLVD
WESLEY CHAPEL, FL 33544 US

FEI Number: 27-1450561

Certificate of Status Desired: No

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 Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name NORMAN, JAMES MD
Address 2400 CYPRESS GLEN DR
City-State-Zip: WESLEY CHAPEL FL 33544

Title P
Name BOONE, DEVA MD
Address 1904 S HOLLY LANE
City-State-Zip: TAMPA FL 33629

Title T
Name FREEDMAN, SOPHIE
Address 8662 E VOLTAIRE AVE
City-State-Zip: SCOTTSDALE AZ 85260

Title V
Name CREAMER, BARBARA
Address 1828 VILLAGE EAST DRIVE
City-State-Zip: PETALUMA CA 94954

Title S
Name ARNON, JOYCE
Address 32 FALLEN LEAF TERRACE
City-State-Zip: ORINDA CA 94563

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: DEVA BOONE

OFFICER

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date