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.	

PRESIDENT

SIGNATURE: JAMES NORMAN, MD

Electronic Signature of Signing Officer/Director Detail

Entity Name: NATIONAL PARATHYROID EDUCATION FOUNDATION, INC.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2400 CYPRESS GLEN DRIVE WESLEY CHAPEL. FL 33544

DOCUMENT# N09000011426

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:

Officer/Director

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					
or Detail :					
	Title	D			
ORMAN, JAMES MD	Name	EDWARDS, MICHAEL MD			

FILED Jan 28, 2013 Secretary of State CC2139280265

Certificate of Status Desired: No

Date

01/28/2013 Date