

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011426

**Entity Name:** THYROID CANCER AND PARATHYROID FOUNDATION, INC.

**Current Principal Place of Business:**

5959 WEBB ROAD  
TAMPA, FL 33615

**Current Mailing Address:**

5959 WEBB ROAD  
TAMPA, FL 33615 US

**FEI Number: 27-1450561**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NORMAN, JAMES MD  
5959 WEBB ROAD  
TAMPA, FL 33615 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 SECRETARY & TREASURER  
Name NORMAN, JAMES MD  
Address 5959 WEBB ROAD  
City-State-Zip: TAMPA FL 33615

Title DIRECTOR  
Name CLAYMAN, GARY MD  
Address 5959 WEBB ROAD  
City-State-Zip: TAMPA FL 33615

Title DIRECTOR  
Name ROY, RASHMI MD  
Address 5959 WEBB ROAD  
City-State-Zip: TAMPA FL 33615

Title P  
Name CARLING, TOBIAS MD  
Address 5959 WEBB ROAD  
City-State-Zip: TAMPA FL 33615

*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: DR. JAMES NORMAN MD**

**CEO**

**02/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date