

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011426

**FILED**  
**Mar 20, 2017**  
**Secretary of State**  
**CC2827610382**

**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

**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	Title	OFFICER
Name	NORMAN, JAMES MD	Name	BOONE, DEVA
Address	2400 CYPRESS GLEN DR	Address	2400 CYPRESS GLEN DRIVE
City-State-Zip:	WESLEY CHAPEL FL 33544	City-State-Zip:	WESLEY CHAPEL FL 33544

*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:** JAMES NORMAN

03/20/2017

Electronic Signature of Signing Officer/Director Detail

Date