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.

OWNER

SIGNATURE: JAMES NORMAN	

City-State-Zip: TAMPA FL 33647 City-State-Zip: CINCINNATI OH 45208

Officer/Director Detail :

SIGNATURE:

	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		

2400 CYPRESS GLEN DRIVE

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT 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:

Electronic Signature of Registered Agent

NORMAN, JAMES MD 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.

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No

FILED Jan 27, 2015 Secretary of State CC4009491954

Date

01/27/2015