

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

DOCUMENT# F08000004337

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC1379786573**

**Entity Name:** AMERICAN SYRINGOMYELIA ALLIANCE PROJECT, INC.

**Current Principal Place of Business:**

300 N. GREEN ST., SUITE 412  
LONGVIEW, TX 75601

**Current Mailing Address:**

P. O. BOX 1586  
LONGVIEW, TX 75606-1586

**FEI Number:** 75-2245195

**Certificate of Status Desired:** No

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

PATTERSON, SARA  
2374 BOTANICA CIRCLE  
WEST MELBOURNE, FL 32904 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           PRES  
Name           SCHAUBLIN, PATRICE  
Address       700 ADMIRAL LANE  
City-State-Zip: DURHAM NC 27705

Title           MEDICAL ADVISORY BOARD CHAIR  
Name           KEATING, ROBERT MD  
Address       CHILDREN'T MEDICAL CENTER  
                  111 MICHIGAN AVE, NW  
City-State-Zip: WASHINGTON DC 20310

Title           TREASURER  
Name           CHAPMAN, ANNIE  
Address       4167 GALLOWAY DR  
City-State-Zip: PEARLAND TX 77584

Title           SECRETARY  
Name           BERNING, ERIC  
Address       21914 FIELD GREEN DR  
City-State-Zip: CYPRESS TX 77433

Title           RESEARCH COMMITTEE CHAIR  
Name           GRANT, GERALD MD  
Address       STANFORD SCHOOL OF MEDICINE  
                  300 PASTURE DR., RM R211, MC5327  
City-State-Zip: STANFORD CA 94305

Title           DIRECTOR  
Name           MATHEWSON, DEE  
Address       3140 BELLESTONE COURT  
City-State-Zip: MARIETTA GA 30066

Title           DIRECTOR  
Name           SIMON, RICHARD  
Address       8821 DUVEEN DR  
City-State-Zip: WYNDMOOR PA 19038

Title           DIRECTOR  
Name           STETSON, NATE MD  
Address       4120 W. MEMORIAL RD. STE. 300  
City-State-Zip: OKLAHOMA CITY OK 73120

**Continues on page 2**

*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:** PATRICE SCHAUBLIN

**PRESIDENT**

**04/27/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name TUFTS, CATHY  
Address 17519 HANKAR WAY  
City-State-Zip: RICHMOND TX 77407

Title DIRECTOR  
Name BOLOGNESE, PAOLO MD  
Address CHIARI NEUROSURGICAL CENTER  
1991 MARCUS AVE. 108  
City-State-Zip: NEW HYDE PARK NY 11042

Title DIRECTOR  
Name BORYS, BRIDGET  
Address 100 E BAYARD ST  
City-State-Zip: SENECA FALLS NY 13148

Title DIRECTOR  
Name JOHNSON, ANNETTE PHD  
Address 20409 E DOANE DR  
City-State-Zip: AURORA CO 80013