

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000002163

**Entity Name:** PARKINSON'S FOUNDATION, INC.

**Current Principal Place of Business:**

200 SE 1ST STREET, SUITE 800  
MIAMI, FL 33131

**Current Mailing Address:**

1395 PICCARD DRIVE  
SUITE 180  
ROCKVILLE, MD 20850 US

**FEI Number:** 13-1866796

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH STREET NORTH, SUITE 300  
ST. PETERSBURG, FL 33702 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:** DAVID ROBERTS

08/02/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name ATWELL, CONSTANCE W  
Address 200 SE 1ST STREET, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title PRESIDENT  
Name LEHR, JOHN  
Address 200 SE 1ST STREET, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title TREASURER  
Name NATHAN, PAUL H  
Address 200 SE 1ST STREET, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title VC  
Name ALBERT, ANDREW  
Address 200 SE 1ST STREET, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name ATWELL, CONSTANCE W  
Address 200 SE 1ST STREET, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title CHAIR  
Name BECKMAN, J. GORDON  
Address 200 SE 1ST STREET, SUITE 800  
City-State-Zip: MIAMI FL 33131

*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:** JOHN LEHR

PRESIDENT

08/02/2023

Electronic Signature of Signing Officer/Director Detail

Date