

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746687

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** THE SOUTH FLORIDA CHAPTER OF THE DYSAUTONOMIA FOUNDATION, INC.

**Current Principal Place of Business:**

10422 NW 24 PLACE, #201  
SUNRISE, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

10422 NW 24 PLACE, #201  
SUNRISE, FL 33322 US

**New Mailing Address:**

**FEI Number:** 51-0248444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EISNER, DORIS  
10422 NW 24 PLACE, #201  
SUNRISE, FL 33322 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BLAKE, NORA  
Address: 10304 SUNRISE LAKE BLVD  
City-St-Zip: SUNRISE, FL 33322 US

Title: T ( ) Delete  
Name: EISNER, DORIS  
Address: 10422 NW 24 PLACE, #201  
City-St-Zip: SUNRISE, FL 33322 US

Title: VP ( ) Delete  
Name: GROSSMAN, BETH  
Address: 10422 NW 24 PLACE, #208  
City-St-Zip: SUNRISE, FL 33322 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RUBINSTEIN, SHIRLEY  
Address: 10487 SUNRISE LAKE BLVD  
City-St-Zip: SUNRISE, FL 33322 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DORIS EISNER

T

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date