

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 21, 2010**  
**Secretary of State**

DOCUMENT# 751965

**Entity Name:** ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, SOUTHEAST FLORIDA  
CHAPTER, INC.**Current Principal Place of Business:**3333 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406**New Principal Place of Business:****Current Mailing Address:**3333 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406**New Mailing Address:****FEI Number:** 59-2008883**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BROWN, ELLEN  
3333 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406 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:** CD  
**Name:** KALCK, KATHY  
**Address:** 310 NW TREELINE TRACE  
**City-St-Zip:** PORT ST LUCIE, FL 34986**Title:** VD  
**Name:** JOSEPH, KARP  
**Address:** 2875 PGA BLVD STE 100  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410**Title:** D  
**Name:** MROZINSKI, PHILLIP  
**Address:** 9260 SW 14TH ST., #2507  
**City-St-Zip:** BOCA RATON, FL 33428**Title:** TSD  
**Name:** PINEIRO, ENRIQUE  
**Address:** 13180 SW 21ST STREET  
**City-St-Zip:** MIAMI, FL 33175**Title:** D  
**Name:** KRUMBOCK, MONIKA  
**Address:** 6212 FOX RUN CIRCLE  
**City-St-Zip:** JUPITER, FL 33458**Title:** D  
**Name:** SADOWSKY, CARL H M.D.  
**Address:** 4631 N. CONGRESS AVE., STE. 200  
**City-St-Zip:** WEST PALM BEACH, FL 33407

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: ELLEN BROWN

CEO

06/21/2010

Electronic Signature of Signing Officer or Director

Date

06/21/2010 15:27 Alzheimers Disease Disorders

(FAX)954 786 1538

P.001/001

751965

Southeast Florida Chapter  
24/7 HELPLINE 800.272.3900  
www.alz.org/seflorida

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West Palm Beach Office  
3333 Forest Hill Blvd.  
West Palm Beach, FL 33406

800.861.7826 p  
561.967.0947 f

Deerfield Beach Office  
North Broward Medical Ctr.  
201 E. Sample Road  
Deerfield Beach, FL 33064

800.861.7826 p  
954.786.1538 f

Hobe Sound Office  
Seacoast Bank Building  
11711 SE. US Hwy.1  
Hobe Sound, FL 33455

800.861.7826 p  
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Miami Office  
North Shore Medical Ctr.  
1100 NW 95th Street  
Miami, FL 33150

800.861.7826 p  
305.835.2449 f

June 21, 2010

alzheimer's  association®

Florida Department of State  
Division of Corporations  
Fax 850-245-6017

RE: Additional Directors

Document Number 751965

Dear Sirs,

Please add the following four Directors to our annual report document #751965. There is only enough room on the online filing to accommodate six Directors and we have ten. We have filed an amended annual report today confirmation #900182398499.

Samuel J. Ferreri  
2056 Vista Parkway #225  
West Palm Beach, FL 33411  
Title: Director

Joyce McLendon  
300 S. Ocean Drive  
Palm Beach, FL 33480  
Title: Director

William Sussman, Esq  
PO Box 565175  
Miami, FL 33256  
Title: Director

Elliott Starman  
3640 Heron Ridge Lane  
Weston, FL 33331

If you have any question please contact me at 800-861-7826. Ext 301

Sincerely,



Grace Grant Brown  
COO

Alzheimer's Association SE Florida Chapter

the compassion to care, the leadership to conquer