

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 23, 2011
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:** S
Name: KALCK, KATHY
Address: 310 NW TREELINE TRACE
City-St-Zip: PORT ST LUCIE, FL 34986**Title:** D
Name: JOSEPH, KARP
Address: 2875 PGA BLVD STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33410**Title:** D
Name: SUSSMAN, WILLIAM ESQ.
Address: 10165 SW 71 AVE
City-St-Zip: PINECREST, FL 33156**Title:** CD
Name: PINEIRO, ENRIQUE
Address: 13180 SW 21ST STREET
City-St-Zip: MIAMI, FL 33175**Title:** T
Name: KRUMBOCK, MONIKA
Address: 6212 FOX RUN CIRCLE
City-St-Zip: JUPITER, FL 33458**Title:** VC
Name: STARMAN, ELLIOTT
Address: 3640 HERON RIDGE LANE
City-St-Zip: WESTON, FL 33331

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

08/23/2011

Electronic Signature of Signing Officer or Director

Date

08/23/2011 11:44 Alzheimers Disease Disorders

(FAX)954 786 1538

P.002/004

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

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

800.272.3900 p
772.546.5890 f

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

800.272.3900 p
954.786.1538 f

Miami Office
Miami Jewish Health Systems
5200 NE 2nd Avenue, Abin Bldg
Miami, FL 33137

800.272.3900 p
305.751.5551 f

Chapter Headquarters
West Palm Beach Office
3333 Forest Hill Boulevard
West Palm Beach, FL 33406

800.272.3900 p
561.957.0947 f

751965
alzheimer's  association®

8/23/11

August 23, 2011

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

RE: Additional Directors

Document Number 751965

Dear Sirs

Please add the following five Directors to our annual report document #751965. There is only enough room on the online filing to accommodate six Directors and we have twelve. We have filed an amended annual report today confirmation #500211341305.

Samuel J. Ferreri
6541 Spring Meadow
Greenacres, FL 33413
Title: Director

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

Joel Levy, D.S.W.
108 Vizcaya Estates Dr.
Palm Beach Gardens, FL 33418
Title: Director

Dr. Carl H Sadowsky
4631 N. Congress Ave. Ste. 200
West Palm Beach, FL 33407
Title: Director

Phillip D. Mrozinski
9260 SW 14th St. #2507
Boca Raton, FL 33428
Title: Director

Barbara Brietstein
5922 NW 83rd Terrace
Parkland, FL 3306

If you have any questions, please contact me at 800-861-7826.

Sincerely,



Grace Grant-Brown
Chief Operating Officer
Alzheimer's Association SE Florida Chapter