

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2011
Secretary of State

Entity Name: LYMPHATIC RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

40 GARVIES POINT ROAD
SUITE D
GLEN COVE, NY 11542

New Principal Place of Business:

Current Mailing Address:

40 GARVIES POINT ROAD
SUITE D
GLEN COVE, NY 11542

New Mailing Address:

FEI Number: 58-2404527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARASH, A. JEFFREY ESQ.
1140 KANE CONCOURSE
4TH FLOOR
BAY HARBOR, FL 33154 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: D
Name: BARASH, A. JEFFREY ESQ.
Address: 1140 KANE CONCOURSE - 4TH FLR
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

Title: PF
Name: CHAITE, WENDY ESQ
Address: 2 POOL DRIVE
City-St-Zip: ROSLYN, NY 11576 US

Title: C
Name: BRAGINSKY, PHILIP ESQ.
Address: 100-17 67TH DRIVE
City-St-Zip: FOREST HILLS, NY 11375 US

Title: TD
Name: CERINI, KEN
Address: 35 LOCUST DRIVE
City-St-Zip: NESCONSET, NY 11767 US

Title: VPD
Name: STOEN, MELISSA W
Address: 2509 CLEARVIEW AVENUE
City-St-Zip: VENTURA, CA 93001 US

Title: SD
Name: KREVIS, NOREEN
Address: 26800 MORGAN RUN
City-St-Zip: WESTLAKE, OH 44145 US

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: A JEFFREY BARASH

D

01/06/2011

Electronic Signature of Signing Officer or Director

_____ Date