


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004520	
1. Entity Name PATIENT ADVOCATE FOUNDATION, INC.	

Principal Place of Business 700 THIMBLE SHOALS BLVD. SUITE 200 NEWPORT NEWS, VA 23606	Mailing Address 700 THIMBLE SHOALS BLVD. SUITE 200 NEWPORT NEWS, VA 23606
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DO NOT WRITE IN THIS SPACE



04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 54-1806317	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SLAYTON, CONSTANCE 1539 SW 186TH LANE PEMBROKE PINES, FL 33029	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO DAVENPORT ENNIS, NANCY 753 THIMBLE SHOALS BLVD., STE. B NEWPORT NEWS, VA 23606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WEINHAUS, S. SHELDON ESQ. 906 OLIVE STREET, SUITE 90 ST. LOUIS, MO 631011463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEVERIDGE, ROY A MD 8503 ARLINGTON BLVD. SUITE 400 FAIRFAX, VA 22031
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MURPHY, JOHN L 32 TAIMADG HILL ROAD DARIEN, CT 06820
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ARNETT, LEAH 1400 MT OLIVE SCHOOL RD, STE A4 WIMBERLEY, TX 78676
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Davenport Ennis* *April 5, 04* 757-8730478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #