


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90334 025 ****61.25

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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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

New Address:

**19380 SW 61st Street
Pembroke Pines, FL 33332**

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DAVENPORT ENNIS, NANCY 753 THIMBLE SHOALS BLVD., STE. B NEWPORT NEWS VA 23606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEINHAUS, S. SHELDON ESQ. 906 OLIVE STREET, SUITE 90 ST. LOUIS MO 63101-1463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Executive Bd. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William T. McGivney, Ph.D. 500 Old York Road, Ste. 250 Jenkintown PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEVERIDGE, ROY A MD 8503 ARLINGTON BLVD. SUITE 400 FAIRFAX VA 22031 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Exec. Bd. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edward G. Connette, Esq. 1001 Elizabeth Ave. Ste 1-D Charlotte, NC 28204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, JOHN L 32 TAIMADG HILL ROAD DARIEN CT 06820 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNETT, LEAH 1400 MT OLIVE SCHOOL RD, STE A4 WIMBERLEY TX 78676 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas J. McGivney* **4/7/2005 (757) 873-6666**
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #