## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000004520

FILED Apr 18, 2007 Secretary of State

Entity Name: PATIENT ADVOCATE FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 700 THIMBLE SHOALS BLVD. SUITE 200 NEWPORT NEWS, VA 23606 **New Mailing Address: Current Mailing Address:** 700 THIMBLE SHOALS BLVD. SUITE 200 NEWPORT NEWS, VA 23606 FEI Number: 54-1806317 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SLAYTON, CONSTANCE 19380 SW 61ST STREET PEMBROKE PINES, FL 33332 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEO () Delete () Change () Addition DAVENPORT ENNIS, NANCY Name: Name: 700 THIMBLE SHOALS BLVD., STE. 200 Address: Address: City-St-Zip: NEWPORT NEWS, VA 23606 City-St-Zip: Title: PRBD Title: PRBD (X) Change ( ) Addition ( ) Delete MCGIIVNEY, WILLIAM T PHD Name: CONNETTE, EDWARD G ESQ Name: Address: 500 OLD YORK ROAD, STE 250 Address: 1701 SOUTH BOULEVARD City-St-Zip: JENKINTOWN, PA 19046 City-St-Zip: CHARLOTTE, NC 28203 Title: **VPBD** () Delete Title: VPBD (X) Change ( ) Addition DOWNS, CHRISTIAN MHA, JD CONNETTE, EDWARD G ESQ. Name: Name: 11600 NEBEL STREET, SUITE 201 Address: 1001 ELIZABETH AVE, STE 1-D Address: City-St-Zip: CHARLOTTE, NC 28204 City-St-Zip: ROCKVILLE, MD 20852 Title: **TRES** ( ) Delete Title: () Change () Addition Name: MURPHY, JOHN L Name: 32 TALMADGE HILL ROAD Address: Address: City-St-Zip: DARIEN, CT 06820 City-St-Zip: Title: SEC () Delete Title: SEC (X) Change ( ) Addition ARNETT, LEAH Name: Name: ARNETT, LEAH RN, BSN 1401 MT. OLIVE SCHOOL RD 1401 MT. OLIVE SCHOOL RD Address: Address: City-St-Zip: WIMBERLEY, TX 78676 City-St-Zip: WIMBERLEY, TX 78676

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANCY DAVENPORT-ENNIS CEO 04/18/2007