

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004520

FILED
Mar 05, 2008
Secretary of State

Entity Name: PATIENT ADVOCATE FOUNDATION, INC.

Current Principal Place of Business:

700 THIMBLE SHOALS BLVD.
SUITE 200
NEWPORT NEWS, VA 23606

New Principal Place of Business:

Current Mailing Address:

700 THIMBLE SHOALS BLVD.
SUITE 200
NEWPORT NEWS, VA 23606

New Mailing Address:

FEI Number: 54-1806317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAYTON, CONSTANCE
19380 SW 61ST STREET
PEMBROKE PINES, FL 33332 US

Name and Address of New Registered Agent:

MARTINEZ, ILEANA
8260 NW 167 TERRACE
MIAMI LAKES, FL 33016 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: ILEANA MARTINEZ

03/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DAVENPORT ENNIS, NANCY
Address: 700 THIMBLE SHOALS BLVD., STE. 200
City-St-Zip: NEWPORT NEWS, VA 23606

Title: PRBD () Delete
Name: CONNETTE, EDWARD G ESQ
Address: 1701 SOUTH BOULEVARD
City-St-Zip: CHARLOTTE, NC 28203

Title: VPBD () Delete
Name: DOWNS, CHRISTIAN MHA,JD
Address: 11600 NEBEL STREET, SUITE 201
City-St-Zip: ROCKVILLE, MD 20852

Title: TRES () Delete
Name: MURPHY, JOHN L
Address: 32 TALMADGE HILL ROAD
City-St-Zip: DARIEN, CT 06820

Title: SEC () Delete
Name: ARNETT, LEAH RN,BSN
Address: 1401 MT. OLIVE SCHOOL RD
City-St-Zip: WIMBERLEY, TX 78676

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: FCC (X) Change () Addition
Name: MURPHY, JOHN L
Address: 32 TALMADGE HILL ROAD
City-St-Zip: DARIEN, CT 06820

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

03/05/2008

Electronic Signature of Signing Officer or Director

Date