

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-14-2003 90929 010 \*\*\*\*61.25  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

90086391

DOCUMENT # F02000004520

i. Entity Name

PATIENT ADVOCATE FOUNDATION, INC.



**DO NOT WRITE IN THIS SPACE**

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2. Principal Place of Business 753 Thimble Shoals Blvd. Suite, Apt. #, etc. Suite B City & State Newport News, Virginia Zip 23606 Country USA		3. Mailing Address 753 Thimble Shoals Blvd. Suite, Apt. #, etc. Suite B City & State Newport News, Virginia Zip 23606 Country USA	
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4. FEI Number 54-1806317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name CONSTANCE SLAYTON		
Street Address (P.O. Box Number is Not Acceptable) 1539 SW 186th LANE		
City PEMBROKE PINES	FL	Zip Code 33029

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 \_\_\_\_\_

FEES \$61.25 Initial or Amended UBR	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		
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	VICE - PRESIDENT WEINHAUS, S. SHELDON, ESQ. 906 OLIVE STREET, SUITE 90 ST. LOUIS, MO 63101-1463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BEVERIDGE, ROY A., M.D. 8503 ARLINGTON BLVD., SUITE 400 FAIRFAX, VA 22031	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MURPHY, JOHN L. 32 TAIMADG HILL ROAD DARIEN, CT 06820	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ARNETT, LEAH 1400 MT. OLIVE SCHOOL RD., STE. A4 WIMBERLEY, TX 78676	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Davenport-Ennis* 2/7/03 (757)873-6668