

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003733

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** FRIENDS OF ESSENTIAL THROMBOCYTHEMIA, INC.

**Current Principal Place of Business:**

10445 TERRA LAGO DR  
WEST PALM BCH, FL 33412

**New Principal Place of Business:**

**Current Mailing Address:**

10445 TERRA LAGO DR  
WEST PALM BCH, FL 33412

**New Mailing Address:**

**FEI Number:** 06-1608492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILTZ, CELIA  
10445 TERRA LAGO DR  
WEST PALM BCH, FL 33412 US

**Name and Address of New Registered Agent:**

MILTZ, CELIA D MS.  
10445 TERRA LAGO DR  
WEST PALM BCH, FL 33412 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: CELIA MILTZ

01/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MILTZ, CELIA C  
Address: 10445 TERRA LAGO DR  
City-St-Zip: WEST PALM BCH, FL 33412

Title: DS  
Name: ROY, FREDERICK G  
Address: 123 BRUSHY HILL RD  
City-St-Zip: NEWTOWN, CT 06470

Title: D  
Name: ITIN, ANDREA  
Address: 15 COLONIAL RD  
City-St-Zip: WESTPORT, CT 06880

Title: DVP  
Name: MILTZ, DONALD C  
Address: 10445 TERRA LAGO DR  
City-St-Zip: WEST PALM BCH, FL 33412

I hereby 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 all other like empowered.

SIGNATURE: CELIA MILTZ

PRES

01/15/2010

Electronic Signature of Signing Officer or Director

Date