

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90081 012 ****61.25

DOCUMENT # F99000003310

1. Entity Name
INTERSTITIAL CYSTITIS ASSOCIATION OF AMERICA, INC.



Principal Place of Business
**110 N. WASHINGTON ST.
STE. 340
ROCKVILLE, MD 20850**

Mailing Address
**110 N. WASHINGTON ST.
STE. 340
ROCKVILLE, MD 20850**

30061639



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08012005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
13-3292137

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALIN, LINDA
20933 SUNSWEET CT.
LAND O LAKES, FL 34639**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RATNER, VICKI MD**
STREET ADDRESS **17360 HIGH STREET**
CITY-ST-ZIP **LOS GATOS, CA 95032**

TITLE **T** ☐ Delete
NAME **FAYMAN, LANA**
STREET ADDRESS **5033 DEFIANCE WAY**
CITY-ST-ZIP **SAN DIEGO, CA 92115**

TITLE **D** ☐ Delete
NAME **PRESBERG-GREENE, SUSAN MD**
STREET ADDRESS **93 SOUTHERN PARKWAY**
CITY-ST-ZIP **ROCHESTER, NY 14618**

TITLE **D** ☐ Delete
NAME **EVANS, ROBERT**
STREET ADDRESS **301 E WENDOVER AVE., ST. 311**
CITY-ST-ZIP **GREENSBORO, NC 27401**

TITLE **D** ☐ Delete
NAME **PHYLLIS, GREENBERGER**
STREET ADDRESS **1828 L STREET NW - SUITE 625**
CITY-ST-ZIP **WASHINGTON, DC 20036**

TITLE **D** ☐ Delete
NAME **MINNA, SCHRAG**
STREET ADDRESS **140 RIVERSIDE DR., APT. 10J**
CITY-ST-ZIP **NEW YORK, NY 10024**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **BLAKE PATERSON, MD**
STREET ADDRESS **2050 MULSANNE DRIVE**
CITY-ST-ZIP **ZIONSVILLE, IN 46077**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **TERRY SIDLOW**
STREET ADDRESS **1708 ELYSE LANE**
CITY-ST-ZIP **NAPERVILLE, IL 60565**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MARIANNE SCHUSTER**
STREET ADDRESS **5769 HEDGEHAVEN CT.**
CITY-ST-ZIP **LAS VEGAS, NV 89126**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **KAREN KENNEDY**
STREET ADDRESS **10513 MEDOC COURT**
CITY-ST-ZIP **SAN DIEGO, CA 92131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKI RATNER 8/8/05 301-610-5306

Date

Daytime Phone #