

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001266

FILED
Apr 21, 2010
Secretary of State

Entity Name: FLORIDIANS FOR PATIENT PROTECTION, INC.

Current Principal Place of Business:

218 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

218 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 01-0640014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, RONALD G ESQ
2544 BLAIRSTONE PINES DR.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: D
Name: CLARK, MARK
Address: P. O. BOX 4056
City-St-Zip: WEST PALM BEACH, FL 33402 US

Title: P
Name: IMBERTSON, JACQUELINE
Address: 1101 CHEROKEE STREET
City-St-Zip: JUPITER, FL 33458 US

Title: CD
Name: HENLEY, DEBRA
Address: 218 SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: VCD
Name: COKER, HOWARD
Address: 136 E. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: T
Name: STEWART, STEVEN
Address: 218 S. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

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: DEBRA HENLEY

CD

04/21/2010

Electronic Signature of Signing Officer or Director

Date