

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N02000004789

Entity Name: INTERNATIONAL RESEARCH FOUNDATION FOR RSD/CRPS, INC.

Current Principal Place of Business:

27204 BIG SUR DR.
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

27204 BIG SUR DR.
WESLEY CHAPEL, FL 33543

New Mailing Address:

FEI Number: 03-4046782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAMIELLO, JULEEN M
27204 BIG SUR DR.
WESLEY CHAPEL, FL 33543

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: PD () Delete
Name: STRAMIELLO, JULEEN M
Address: 27204 BIG SUR DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VD () Delete
Name: KIRKPATRICK, ANTHONY F
Address: 849 SEDDON COVE WAY
City-St-Zip: TAMPA, FL 33602

Title: SD () Delete
Name: TRACHTMAN, JERRY ESQ.
Address: 1735 WEST HIBISCUS BLVD., STE. 300
City-St-Zip: MELBOURNE, FL 32901

Title: TD () Delete
Name: HOFFMAN, RICHARD
Address: 13701 BRUCE B. DOWNS BLVD., STE. 111
City-St-Zip: TAMPA, FL 33613

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JULEEN M STRAMIELLO

PRES

04/29/2004

Electronic Signature of Signing Officer or Director

Date