


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004789

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



Principal Place of Business Mailing Address

AF KIRKPATRICK, MD UNIV SO. FL MED CLINICS AF KIRKPATRICK, MD UNIV SO. FL MED CLINICS
12901 BRUCE B DOWNS BLVD, MDC 59 12901 BRUCE B DOWNS BLVD, MDC 59
TAMPA, FL 33612 TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE



02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 03-4046782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JERRY H. TRACHTMAN, P.A.
1735 W. HIBISCUS BLVD.
STE. 300
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, RICHARD PH.D 13701 BRUCE B. DOWNS BLVD, STE. 111 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KIRKPATRICK, ANTHONY F MD,PHD 12901 BRUCE B. DOWNS BLVD, MDC 59 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRACHTMAN, JERRY H ESQ. 1735 WEST HIBISCUS BLVD., STE. 300 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000538156
05/09/06-80046-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Anthony Kirkpatrick* 3/26/06 813-390-8690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #