

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004789

FILED  
Apr 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

AF KIRKPATRICK, MD  
1910 E BUSCH BLVD  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

AF KIRKPATRICK, MD  
1910 E BUSCH BLVD.  
TAMPA, FL 33612

**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:**

JERRY H. TRACHTMAN, P.A.  
1735 W. HIBISCUS BLVD.  
STE. 300  
MELBOURNE, FL 32901 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: PD ( ) Delete  
Name: HOFFMAN, RICHARD PH.D  
Address: 13701 BRUCE B. DOWNS BLVD, STE. 111  
City-St-Zip: TAMPA, FL 33612

Title: VTD ( ) Delete  
Name: KIRKPATRICK, ANTHONY F MD,PHD  
Address: 1910 E BUSCH BLVD  
City-St-Zip: TAMPA, FL 33612

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

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARY DAVIS

ED

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date