


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000004996</b> 1. Entity Name <b>PATIENT ALLIANCE FOR NEUROENDOCRINEIMMUNE DISORDERS ORGANIZATION FOR RESEARCH AND ADVOCACY, INC.</b>	
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Principal Place of Business <b>C/O GEORGE VINA CPA, VINA &amp; COMPANY 255 ALHAMBRA CIRCLE SUITE 715 CORAL GABLES, FL 33134</b>	Mailing Address <b>C/O GEORGE VINA CPA, VINA &amp; COMPANY 255 ALHAMBRA CIRCLE SUITE 715 CORAL GABLES, FL 33134</b>
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02282005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>55-0795076</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GOLD, AARON J  
704 WEST BAY STREET  
TAMPA, FL 33606**

**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 \_\_\_\_\_

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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SILVERMAN, STEPHEN 3402 BEACON ST. POMPANO BEACH, FL 33062</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>MCKIBBEN, MARLY 3402 BEACON ST. POMPANO BEACH, FL 33062</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BROKSCH, DAWN 15826 SW 16-COURT PEMBROKE PINES, FL 33027</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>VINA, GEORGE F 255 ALHAMBRA CIRCLE, SUITE 175 CORAL GABLES, FL 33134</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000252327  
03/05/05-80022-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

**GEORGE F. VINA, Treas. 3/1/05 (305) 441-0070**