2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004996

1. Entity Name
PATIENT ALLIANCE FOR NEUROENDOCRINEIMMUNE DISORDERS ORGANIZATION FOR RESEARCH AND ADVOCACY, INC.

Principal Place of Business
C/O GEORGE VINA CPA, VINA & COMPANY
255 ALHAMBRA CIRCLE SUITE 715
CORAL GABLES, FL 33134

Mailing Address
C/O GEORGE VINA CPA, VINA & COMPANY
255 ALHAMBRA CIRCLE SUITE 715
CORAL GABLES, FL 33134

02012006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 55-0795076 — Applied For / Not Applicable

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

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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, 2006

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

10. OFFICERS AND DIRECTORS

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

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03/04/06-80041-005 61.25

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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: GEORGE F. VINA, TREASURER 2/13/06 305-241-0[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone