

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004996

FILED  
Mar 26, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 55-0795076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

VINA, GEORGE F  
255 ALHAMBRA CIRCLE, SUITE 715  
CORAL GABLES, FL 33134 US

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: GEORGE F. VINA

03/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SILVERMAN, STEPHEN  
Address: 3402 BEACON ST.  
City-St-Zip: POMPANO BEACH, FL 33062

Title: SD ( ) Delete  
Name: FRIEDMAN, KENNETH  
Address: PO BOX 681  
City-St-Zip: WELLS, VT 05774

Title: TD ( ) Delete  
Name: VINA, GEORGE F  
Address: 255 ALHAMBRA CIRCLE, SUITE 175  
City-St-Zip: CORAL GABLES, FL 33134

**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: GEORGE F. VINA

TD

03/26/2009

Electronic Signature of Signing Officer or Director

Date