

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004996

FILED  
Jan 19, 2012  
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:**

C/O MARLY SILVERMAN  
3402 BEACON STREET  
POMPANO BEACH, FL 33062

**FEI Number:** 55-0795076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

MARLY, SILVERMAN C  
3402 BEACON STREET  
POMPANO BEACH, FL 33062 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:** MARLY C. SILVERMAN

01/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SILVERMAN, STEPHEN R  
**Address:** 255 ALHAMBRA CIRCLE, STE 715  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** SEC  
**Name:** FRIEDMAN, KENNETH J  
**Address:** 255 ALHAMBRA CIRCLE, STE 715  
**City-St-Zip:** CORAL GABLES, FL 33134

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

**Title:** VP  
**Name:** GILBERT, BETH  
**Address:** 255 ALHAMBRA CIRCLE, STE 715  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** VP  
**Name:** SACKS, KAREN D  
**Address:** 255 ALHAMBRA CIRCLE, STE 715  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

**SIGNATURE:** MARLY C. SILVERMAN

RA

01/19/2012

Electronic Signature of Signing Officer or Director

Date