2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007
Secretary of State

DOCUMENT# N05000000481

Entity Name: SOUTHEAST PARKINSON DISEASE ASSOCIATION, INC.

Current Principal Place of Business:

6063 WESTGATE DR. APT. 123
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 616520
ORLANDO, FL 328616520

New Mailing Address:

FEI Number: 20-2174113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHUFFIELD, W. CHARLES ESQUIRE
1000 LEGION PLACE STE 1700
ORLANDO, FL 32801 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: DP ( ) Delete
Name: HOCHBERGER, STEVEN R
Address: 6063 WESTGATE DRIVE #123
City-St-Zip: ORLANDO, FL 32835

Title: DV ( ) Delete
Name: HOCHBERGER, JENNIFER A
Address: 6063 WESTGATE DRIVE #123
City-St-Zip: ORLANDO, FL 32835

Title: DST ( ) Delete
Name: FIGUEROA, MARY ELIZABETH
Address: 1000 LEGION PL STE 1700
City-St-Zip: ORLANDO, FL 32801

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: STEVEN R. HOCHBERGER DP 08/31/2007

Electronic Signature of Signing Officer or Director — Date