

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000956

FILED  
Jan 22, 2011  
Secretary of State

**Entity Name:** LYMPHEDEMA RESOURCES, INC.

**Current Principal Place of Business:**

20231 BURNSIDE PLACE #404  
ESTERO, FL 33928 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1115  
ESTERO, FL 33929 US

**New Mailing Address:**

**FEI Number:** 20-2246162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAUENSTEIN, CLAIRE S  
20231 BURNSIDE PLACE #404  
ESTERO, FL 33928 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:** P  
**Name:** HAUENSTEIN, CLAIRE S  
**Address:** 20231 BURNSIDE PLACE #404  
**City-St-Zip:** ESTERO, FL 33928 US

**Title:** VP  
**Name:** GROSSMAN, WENDY  
**Address:** 348 WENTWORTH COURT  
**City-St-Zip:** NAPLES, FL 34104

**Title:** SEC  
**Name:** BISSELL, SARAH  
**Address:** 7555 GARRY ROAD  
**City-St-Zip:** FT. MYERS, FL 33967 US

**Title:** TREA  
**Name:** SPEAS, JACQUELYN  
**Address:** 13681 DOCTOR'S WAY  
**City-St-Zip:** FT. MYERS, FL 33912

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:** CLAIRE S. HAUENSTEIN

PRES

01/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date