

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001737

FILED
Feb 19, 2007
Secretary of State

Entity Name: REFIT FOUNDATION, INC. DEDICATED TO GERRY G. WHITT, M.D.

Current Principal Place of Business:

2110 58 ST WEST
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

2110 58 ST WEST
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 20-2404543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABISIAK, DANUTA B D.O
2110 58 ST WEST
BRADENTON, FL 34209 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: T () Delete
Name: CASSEM, EDWIN H M.D.
Address: 351 BULFINCH
City-St-Zip: BOSTON, MA 02114

Title: T () Delete
Name: DOYLE, ROBERT M.D.
Address: 185 ALEWITE BROOK PKWY STE 2000
City-St-Zip: CAMBRIDGE, MA 02138

Title: PVST () Delete
Name: FABISIAK, DANUTA B D.O
Address: 2110 58 ST WEST
City-St-Zip: BRADENTON, FL 34209

Title: T () Delete
Name: HIRSH, LAWRENCE S
Address: 29 SOUTH DEPOT PLAZA
City-St-Zip: TARRYTOWN, NY 10591

Title: T () Delete
Name: MURRAY, GEORGE B M.D.
Address: 55 FRUIT ST
City-St-Zip: BOSTON, MA 02114

Title: T () Delete
Name: THOMPSON, JOHN
Address: 722 E BUTLER PIKE
City-St-Zip: AMBLER, PA 19002

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:

Title: () Change () Addition
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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 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: DANUTA B FABISIAK

DR.

02/19/2007

Electronic Signature of Signing Officer or Director

Date