

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001737

FILED  
May 01, 2010  
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 ( )**  
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:**

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

FABISIAK, DANUTA B D.O  
2110 58 ST WEST  
BRADENTON, FL 34209      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** CASSEM, EDWIN H M.D.  
**Address:** 351 BULFINCH  
**City-St-Zip:** BOSTON, MA 02114

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

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

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

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

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

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: DANUTA B FABISIAK

DR

05/01/2010

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

\_\_\_\_\_  
Date