

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007001

FILED
Mar 10, 2011
Secretary of State

Entity Name: LYMPHANGIOMATOSIS & GORHAM'S DISEASE ALLIANCE, INC.

Current Principal Place of Business:

19919 VILLA LANTE PLACE
BOCA RATON, FL 334345632

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 970153
BOCA RATON, FL 334970153

New Mailing Address:

FEI Number: 26-1224181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLY, JOHN F
19919 VILLA LANTE PLACE
BOCA RATON, FL 334345632 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: D
Name: KLEPPER, LISA K RN
Address: 319 NORTH WICKFORD
City-St-Zip: SHREVEPORT, LA 71115 US

Title: D
Name: GOLDFARB, SCOTT
Address: 46 OAKDENE ROAD
City-St-Zip: BARRINGTON, IL 60010

Title: D/P
Name: KELLY, JOHN F
Address: 19919 VILLA LANTE PLACE
City-St-Zip: BOCA RATON, FL 33434

Title: D
Name: WIESNER, SCOT
Address: 628 OAK STREET BOX 9
City-St-Zip: BROWNSVILLE, WI 53006

Title: D
Name: GAMMON, ALLAN
Address: 214 MANAGAONE RD
City-St-Zip: WAIKANAE, NZ

Title: D
Name: ANTILLA, TITTA
Address: VOIKUKKATIE 4
City-St-Zip: OULU, FI 90580

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: JOHN F. KELLY

PRES

03/10/2011

Electronic Signature of Signing Officer or Director

Date