

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007938

FILED  
Jul 10, 2008  
Secretary of State

**Entity Name:** NATIONAL ALLIANCE OF CONSUMER HEALTH ADVOCATES, INC.

**Current Principal Place of Business:**

44 COCONUT ROW  
PALM BEACH, FL 33480

**New Principal Place of Business:**

44 COCOANUT ROW  
PALM BEACH, FL 33480

**Current Mailing Address:**

44 COCONUT ROW  
PALM BEACH, FL 33480

**New Mailing Address:**

44 COCOANUT ROW  
PALM BEACH, FL 33480

**FEI Number:** 26-1557869      **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:**

ALFUS, MARJORIE  
44 COCONUT ROW  
PALM BEACH, FL 33480      US

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

ALFUS, MARJORIE  
44 COCOANUT ROW  
PALM BEACH, FL 33480      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: MARJORIE ALFUS

07/10/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ALFUS, MARJORIE  
Address: 44 COCONUT ROW  
City-St-Zip: PALM BEACH, FL 33480

Title: D      ( ) Delete  
Name: ROTHMAN, WENDY  
Address: 1150 PARK AVE  
City-St-Zip: NEW YORK, NY 10128

Title: D      ( ) Delete  
Name: MEYER, SYDELLE  
Address: 44 COCONUT ROW  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: ALFUS, MARJORIE  
Address: 44 COCOANUT ROW  
City-St-Zip: PALM BEACH, FL 33480

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: MEYER, SYDELLE  
Address: 44 COCOANUT ROW  
City-St-Zip: PALM BEACH, FL 33480

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: MARJORIE ALFUS

PRES

07/10/2008

Electronic Signature of Signing Officer or Director

Date