2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008448

FILED Feb 04, 2011 Secretary of State

Entity Name: MANDAL DIABETES RESEARCH FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

800 ZEAGLER DR., STE. 510 665 STATE ROAD 207

PALATKA, FL 32177 SUITE 102

ST. AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

800 ZEAGLER DR., STE. 510 665 STATE ROAD 207

PALATKA, FL 32177 SUITE 102

ST. AUGUSTINE, FL 32084

FEI Number: 26-0818572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MANDAL, ANIL K. MD
800 ZEAGLER DR., STE. 510
PALATKA, FL 32177 US

MANDAL, ANIL K MD
665 STATE ROAD 207
SUITE 102

ALATKA, FL 32177 US SUITE 102 ST. AUGUSTINE, FL 32084 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: ANIL K. MANDAL, M.D. 02/04/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: D

Name: MANDAL, ANIL K MD

Address: 665 STATE ROAD 207, SUITE 102 City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D

Name: MARATHE, S.S. MD

Address: 240 SOUTHPARK CIRCLE EAST City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D

Name: DEVERS, NORMAN Address: 248 HARBOR DR. City-St-Zip: PALATKA, FL 32177

Title:

Name: PARRIS, CHEYENNE

Address: 665 STATE ROAD 207, SUITE 102 City-St-Zip: ST. AUGUSTINE, FL 32084

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: ANIL K. MANDAL, M.D. D 02/04/2011