

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008448

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** MANDAL DIABETES RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

665 STATE ROAD 207  
SUITE 102  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

665 STATE ROAD 207  
SUITE 102  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 26-0818572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANDAL, ANIL K MD  
665 STATE ROAD 207  
SUITE 102  
ST. AUGUSTINE, FL 32084 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:** 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:** MAY, CHERYL  
**Address:** 665 STATE ROAD 207, SUITE 102  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**Title:** D  
**Name:** SICA, DONNA  
**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

04/24/2012

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

\_\_\_\_\_  
Date