

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004148

FILED  
Apr 12, 2009  
Secretary of State

Entity Name: THE SILVER ZEBRA RESEARCH FOUNDATION, INC.

## Current Principal Place of Business:

8550 TOUCHTON ROAD EAST  
UNIT 217  
JACKSONVILLE, FL 32216 US

## New Principal Place of Business:

## Current Mailing Address:

8550 TOUCHTON ROAD EAST  
UNIT 217  
JACKSONVILLE, FL 32216 US

## New Mailing Address:

FEI Number: 26-2679171      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RICE, SCOTT W MD  
8550 TOUCHTON ROAD EAST  
UNIT 217  
JACKSONVILLE, FL 32216 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: PTD ( ) Delete  
Name: KAUFMAN, JUSIL L MBA, RN  
Address: 8550 TOUCHTON ROAD EAST, UNIT 217  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VSD ( ) Delete  
Name: RICE, SCOTT W M.D.  
Address: 8550 TOUCHTON ROAD EAST, UNIT 217  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D ( ) Delete  
Name: LISBO, SYLVIA A R.N.  
Address: 559 CRYSTAL WAY  
City-St-Zip: ORANGE PARK, FL 32065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: KAUFMAN, JUSIL L MBA, RN  
Address: 8550 TOUCHTON ROAD EAST UNIT 217  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VSD (X) Change ( ) Addition  
Name: RICE, SCOTT W M.D.  
Address: 8550 TOUCHTON ROAD EAST UNIT 217  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D (X) Change ( ) Addition  
Name: TORRETIJO, SYLVIA L R.N.  
Address: 559 CRYSTAL WAY  
City-St-Zip: ORANGE PARK, FL 32065 US

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: SCOTT W RICE MD

VSD

04/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date