2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2010
Secretary of State

DOCUMENT# N09000006920

Entity Name: THE PAIRED DONATION NETWORK, INC.

Current Principal Place of Business:

1655 EAST HIGHWAY 50, SUITE 206
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PO BOX 72908
NEWPORT, KY 41072

New Mailing Address:

1655 EAST HIGHWAY 50, SUITE 206
CLERMONT, FL 34711

FEI Number: 20-3673080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRAUN, TERESA
1655 EAST HIGHWAY 50, SUITE 206
CLERMONT, FL 34711 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: P
Name: SHAPIRO, RON MD
Address: 1655 EAST HIGHWAY 50, SUITE 206
City-St-Zip: CLERMONT, FL 34711

Title: VP
Name: AEDER, MARK MD
Address: 1655 EAST HIGHWAY 50, SUITE 206
City-St-Zip: CLERMONT, FL 34711

Title: T
Name: DALLER, JOHN MD
Address: 1655 EAST HIGHWAY 50, SUITE 206
City-St-Zip: CLERMONT, FL 34711

Title: S
Name: GOEBEL, JENS
Address: 1655 EAST HIGHWAY 50, SUITE 206
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: BRAUN, TERESA A
Address: 1655 E. HWY 50, SUITE 206
City-St-Zip: CLERMONT, FL 34711

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: TERESA A. BRAUN D 01/21/2010

Electronic Signature of Signing Officer or Director Date