

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

DOCUMENT# N09000011300

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** TOBACCO PREVENTION NETWORK OF FLORIDA, INC.

**Current Principal Place of Business:**

3324 W UNIVERSITY AVE #347  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

3324 W UNIVERSITY AVE #347  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 27-1378909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUMMEL, JR., BARRY DR  
6822 NW 108TH AVE  
PARKLAND, FL 33076 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:** PD  
**Name:** HARRINGTON, THOMAS J  
**Address:** 1001 SW 16TH AVE #95  
**City-St-Zip:** GAINESVILLE, FL 32601

**Title:** VPD  
**Name:** VOELKER, KIRK MD  
**Address:** 1485 SIESTA DR  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** STD  
**Name:** HUMMEL, JR., BARRY L MD.  
**Address:** 6822 NW 108TH AVE  
**City-St-Zip:** PARKLAND, FL 33076

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:** BARRY L HUMMEL, JR., MD

STD

01/23/2012

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

\_\_\_\_\_  
Date