

# 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