

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008683

FILED  
Sep 22, 2011  
Secretary of State

**Entity Name:** TOURETTE SYNDROME ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

4152 CHELAN DRIVE  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 411416  
MELBOURNE, FL 329411416

**New Mailing Address:**

**FEI Number:** 59-2913882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD., SUITE 508  
MIAMI, FL 33156 US

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

FROHME, LORAL  
941 SW 94 AVENUE  
PLANTATION, FL 33324 US

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: LORAL FROHME

09/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BROWN, CHRISTOPHER  
Address: 4152 CHELAN DRIVE  
City-St-Zip: MELBOURNE, FL 32934

Title: D  
Name: PREVILLE, ROSS  
Address: 340 1ST STREET N, UNIT H  
City-St-Zip: ST PETERSBURG, FL 33701

Title: D  
Name: ROMEU, WENDY  
Address: 4818 ALAMANDA DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: D, T  
Name: FROHME, LORAL  
Address: 941 SW 94 AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: D  
Name: KURTZ, CINDY  
Address: 4085 BRIARCLIFF CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

Title: D  
Name: BODZIN, CAROLYN  
Address: 21200 POINT PLACE, UNIT 2905  
City-St-Zip: AVENTURA, FL 33180

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: LORAL FROHME

D,T

09/22/2011

Electronic Signature of Signing Officer or Director

Date