## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11000006363

FILED Jan 31, 2012 Secretary of State

Entity Name: NETWORK FOR NEUROPATHY SUPPORT, INC.

Current Principal Place of Business: New Principal Place of Business:

1756 WASHINGTON BLVD NW LAKE PLACID, FL 33852

Current Mailing Address: New Mailing Address:

1756 WASHINGTON BLVD NW LAKE PLACID, FL 33852

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

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

UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A TAMPA, FL 33612 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: RICHARDSON, EUGENE B Address: 1756 WASHINGTON BLVD NW City-St-Zip: LAKE PLACID, FL 33852

Title: ST

Name: BATT, NANETTE
Address: 645 NE 19TH AVENUE

City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP Name: BATT, HAL

Address: 645 NE 19TH AVENUE

City-St-Zip: FORT LAUDERDALE, FL 33304

Title: [

Name: BERMAN, SCOTT

Address: 1345 MARTIN COURT, #511 City-St-Zip: BETHLEHAM, PA 18018

Title: VD

Name: MORROW, DAVID

Address: 3101 N. FEDERAL HWY. #303 City-St-Zip: FT. LAUDERDALE, FL 33305

Title: D

Name: CUSHING, MARGUERITE M
Address: 7028 CYPRESS BRIDGE DR. N.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: EUGENE RICHARDSON PD 01/31/2012