FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

1995

APPROVED AND FILED

95 MAY -1 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26338 (6)

REFLEX SYMPATHETIC DYSTROPHY SYNDROME ASSOCIATIO N OF FLORIDA INC.

1265 SO SEMORAN BLVD
STE 1247 LAKEVIEW CT
WINTER PARK FL 32792

1265 SO SEMORAN BLVD
STE 1247 LAKEVIEW CT
WINTER PARK FL 32792

3. Date of Incorporation or Qualification: 05/09/1988

3a. Date of Last Report: 04/26/1994

4. FEI Number: 59-3157272 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Certified Copy — $5.00 May Be Added to Fees

7. Nonprofit with IRS Section 501(c)(3) Tax-Exempt Status — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STILES, LINDA R.
1265 SO SEMORAN BLVD
STE 1247 LAKEVIEW CTR
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.325, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. Additional Officers and Directors to be Added, Changed or Deleted
TITLE	CD	☐ Change ☐ Addition
NAME	STILES, LINDA R.	
STREET ADDRESS	1265 S. SEMORAN BLVD. STE 1247	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	P	☐ Change ☐ Addition
NAME	DUNNAWAY, RODNEY	
STREET ADDRESS	125 BOXRIDGE RUN	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	V	☐ Change ☐ Addition
NAME	BERGER, SCOTT M.D.	
STREET ADDRESS	501 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SD	☐ Change ☐ Addition
NAME	WEBB, PAULA	
STREET ADDRESS	1265 SO SEMORAN BLVD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☐ Change ☐ Addition
NAME	KING, SHARON	
STREET ADDRESS	P.O. BOX 181 N.A.	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	TT	☐ Change ☐ Addition
NAME	RECH, PAULINE	
STREET ADDRESS	7530 WAUNATTA CT.	
CITY-ST-ZIP	WINTER PARK FL	

14. I, the undersigned, certify that the information supplied with this filing, when applicable, complies with the applicable provisions of Section 607.325, Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] 5-1-95 249-1401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0032003