

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003095

FILED
Apr 24, 2008
Secretary of State

Entity Name: THE AMERICAN PATIENTS' ASSOCIATION, INC.

Current Principal Place of Business:

95 MERRICK WAY
400
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

95 MERRICK WAY
400
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1000962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASH, PETER
1001 BRICKELL BAY DR., STE. 1604
1604
MIAMI, FL 33131 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 () Delete
Name: GORDON, EUGENE C
Address: 95 MERRICK WAY # 400
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Delete
Name: LIONE, HENRY
Address: 1001 BRICKELL BAY DR #1604
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: BRAVO-GORDON, ILEANA
Address: 95 MERRICK WAY # 400
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: SUTHERLAND, LIA
Address: 95 MERRICK WAY # 400
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EUGENE GORDON

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date