I hereby certify that the information indicated on this report or supplemental report is true and accurate	te and that my electronic signature shall have the same l	legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execu	ite this report as required by Chapter 617, Florida Statute	es; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE BARRY HUMMEL JR MD	TREASURER	04/04/2014

SIGNATURE: BARRY HUMMEL, JR., MD

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011300

Entity Name: TOBACCO PREVENTION NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

2603 NW 13TH ST, #250 GAINESVILLE, FL 32609

Current Mailing Address:

2603 NW 13TH ST, #250 GAINESVILLE, FL 32609 US

FEI Number: 27-1378909

Name and Address of Current Registered Agent:

HUMMEL, JR., BARRY DR 6822 NW 108TH AVE PARKLAND, FL 33076 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

Officer/Director Detail :

Title	PD	Title	STD
Name	HARRINGTON, THOMAS J	Name	HUMMEL, JR., BARRY LMD.
Address	1001 SW 16TH AVE #95	Address	6822 NW 108TH AVE
City-State-Zip:	GAINESVILLE FL 32601	City-State-Zip:	PARKLAND FL 33076

TREASURER

Certificate of Status Desired: No

FILED Apr 04, 2014 Secretary of State CC5780015449

Date

Date