

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003292

**FILED**  
**Jan 10, 2018**  
**Secretary of State**  
**CC1873642837**

**Entity Name:** PREECLAMPSIA FOUNDATION, INC.

**Current Principal Place of Business:**

6905 N. WICKHAM RD., STE 302  
MELBOURNE, FL 32940

**Current Mailing Address:**

6905 N WICKHAM ROAD, SUITE 302  
MELBOURNE, FL 32940 US

**FEI Number:** 91-2073087

**Certificate of Status Desired:** Yes

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

TSIGAS, ELENI Z  
6905 N WICKHAM ROAD, SUITE 302  
MELBOURNE, FL 32940 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

**Officer/Director Detail :**

Title           TREASURER  
Name           PAPPAS, CLEMENT  
Address        2032 DELANCEY PLACE  
City-State-Zip: PHILADELPHIA PA 19103

Title           VC  
Name           MURRAY, LINDA  
Address        163 FREELON ST  
City-State-Zip: SAN FRANCISCO CA 94107

Title           EXECUTIVE DIRECTOR  
Name           TSIGAS, ELENI  
Address        1020 WORTHINGTON SPRING DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title           CHAIRMAN  
Name           FRAZER, BETH  
Address        7500 WATERVALE DRIVE  
City-State-Zip: NASHVILLE TN 37221

Title           SECRETARY  
Name           KALBAN-GERNETT, ALLISON  
Address        506 MAPLE COURT  
City-State-Zip: GARWOOD NJ 07027

*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:** ELENI Z. TSIGAS

**EXECUTIVE DIRECTOR**

**01/10/2018**

Electronic Signature of Signing Officer/Director Detail

Date