

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726518 (4)

1. Corporation Name
THE SANDERS MEDICAL RESEARCH FOUNDATION, INC.

Principal Place of Business Mailing Address
2801 N. COURSE DR. APT G209 2801 N. COURSE DR. APT G209
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/28/1973	3a. Date of Last Report 01/20/1994
4. FEI Number 59-1398776	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Zip	31. Country

9. Name and Address of Current Registered Agent
**SANDERS, MARGARET
2801 N COURSE DR. #G209
POMPANO BCH. FL 33069**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANDERS, MARGARET
STREET ADDRESS	2801 N COURSE DR G209
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	D
NAME	SANDERS, M. JONATHAN
STREET ADDRESS	2801 N COURSE DR G209
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	D
NAME	GOLDMAN, GERTRUDE
STREET ADDRESS	2239 NE 122ND ST
CITY-ST-ZIP	N MIAMI FL
TITLE	STD
NAME	HERSEY, JOAN
STREET ADDRESS	395 SW 15 ST APT 2
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	DV
NAME	HALL, HARRY
STREET ADDRESS	75 HILLTOP PL.
CITY-ST-ZIP	NEW LONDON NH
TITLE	E
NAME	KURLAND, SHELDON
STREET ADDRESS	727 NE 3 AVE #201
CITY-ST-ZIP	FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOAN HERSEY
4.3 STREET ADDRESS	395 S.W. 15 ST. APT. 15
4.4 CITY-ST-ZIP	POMPANO BCH. FL.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HARRY HALL
5.3 STREET ADDRESS	99 MEADOWBROOK RD.
5.4 CITY-ST-ZIP	NEW LONDON NH
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SHELDON KURLAND
6.3 STREET ADDRESS	9859 PINE'S BLVD.
6.4 CITY-ST-ZIP	PLANTATION FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret Sanders PRES. DATE: 3-10-95 TIME: 3:05 978-8083
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (City/Time/Phone #)