

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747258

FILED  
Jun 18, 2006  
Secretary of State

**Entity Name:** GERTRUDE AND PHILIP STRAX BREAST CANCER RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

1844 N. NOB HILL ROAD  
410  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

1844 N. NOB HILL ROAD  
410  
PLANTATION, FL 33322

**New Mailing Address:**

**FEI Number:** 59-2115197      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MARTIN, GAYLE  
950 MOCKINGBIRD LANE  
#614  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTIN, GAYLE  
Address: 950 MOCKINGBIRD LANE  
City-St-Zip: PLANTATION, FL 33324

Title: TD ( ) Delete  
Name: RUBINOWITZ, EVELYN  
Address: 617 BALDWIN DR.  
City-St-Zip: WEST HEMPSTEAD, NY 11552

Title: VSD ( ) Delete  
Name: GARDNER, MARY ANN  
Address: 28889 GARDNER RD  
City-St-Zip: ELBERTA, AL 36530

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GAYLE MARTIN

PD

06/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date