DOCUMENT # 751965

1. Entity Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCI

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90017 011 ****61.25

Principal Place of Business	Mailing Address
8333 W MCNAB RD. TAMARAC FL 33321	8333 W MCNAB RD. TAMARAC FL 33321-3242

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2008883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GERALD R. MEEHAN 8333 W MCNAB RD #210 TAMARAC FL 33321	Name JEFF SMOLANSKY Street Address (P.O. Box Number is Not Acceptable) 8333 W. McNAB RD. #210 City TAMARAC FL Zip Code 33321

8. 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 _____ 1/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REGAN-DEY, KATHIE 5599 NASSAU DR BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D CHRISTINA LEVINE 1607 NW 80 AVE #34D MARGATE FLORIDA 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOREN, NATHAN 6383 BAYCLUB DR. FT LAUDERDALE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D ROBERT LOCHRIE, ESQ 200 E. BROWARD BLVD FT. LAUDERDALE, FL 33302	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YABROW, MOLLIE 7815 GRANVILLE DR TAMARAC FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D DONALD MCKENNA 5757 N. DIXIE HWY FORT LAUDERDALE FL 33334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD TYSON MD 6801 E. CYPRESSHEAD DR. PARKLAND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D JEROME SOLKOFF, ESQ 1800 W. HILLSBORO BLVD #214 DEERFIELD BEACH, FL 33442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WELCH, RICHARD 1620 SE 8TH ST FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/28/99 9547260012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #