2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003
Secretary of State

DOCUMENT# 751965

Entity Name: ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, SOUTHEAST FLORIDA CHAPTER, INC.

Current Principal Place of Business:

8333 W MCNAB RD.SUITE 210
TAMARAC, FL 33321

New Principal Place of Business:

700 S.DIXIE HWY
SUITE 107
WEST PALM BEACH, FL 33401

Current Mailing Address:

8333 W MCNAB RD.SUITE 210
TAMARAC, FL 33321

New Mailing Address:

700 S. DIXIE HWY
SUITE 107
WEST PALM BEACH, FL 33401

FEI Number: 59-2008883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMOLANSKY, JEFF
8333 W MCNAB RD #210
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

DIPIETRO, CHERI
700 S. DIXIE HWY
SUITE 107
WEST PALM BEACH, FL 33401 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: CHERI DIPIETRO 02/25/2003
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEVINE, CHRISTINE
Address: 1607 NW 80 AVE #34D
City-St-Zip: POMPANO BEACH, FL 33063

Title: D ( ) Delete
Name: LAMM, ROBERT B
Address: 2588 NW 64TH BLVD
City-St-Zip: BOCA RATON, FL 33496

Title: TD ( ) Delete
Name: WILDER, GREGORY CPA
Address: 1110 PONCE DE LEON DR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: SD ( ) Delete
Name: GILCHRIST, LINDA
Address: 7450 NW 29TH ST
City-St-Zip: MARGATE, FL 33063

Title: D (X) Delete
Name: WELCH, RICHARD
Address: 1620 SE 8TH ST
City-St-Zip: FT LAUDERDALE, FL

Title: VD ( ) Delete
Name: LOCHRIE, ROBERT
Address: 2330 DESOTA DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TODD, MARK
Address: 1910 NE 59TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SD (X) Change ( ) Addition
Name: GRANT, SUAN
Address: 960 E. TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: GILCHRIST, LINDA
Address: 7450 NW 29TH ST
City-St-Zip: MARGATE, FL 33063

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 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 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: LINDA GILCHRIST PD 02/25/2003
Electronic Signature of Signing Officer or Director — Date