

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90610 022 ***150.00

DOCUMENT # F99000001791

Entity Name
CYBEAR INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 BLUE LAKE DRIVE, SUITE 200 5000 BLUE LAKE DRIVE, SUITE 200
 BOCA RATON FL 33431 BOCA RATON FL 33431-4466

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 4001 SW 47th Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Ft. Lauderdale FL

4. FEI Number 13-3936988 Applied For
 Not Applicable

Zip Country Zip Country
 33314

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD., SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **Ted W. Whitlock**
 Street Address (P.O. Box Number is Not Acceptable)
4001 SW 47th Avenue
 City **Ft. Lauderdale** **FL** Zip Code **33314**

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 *Ted W. Whitlock* **Ted W. Whitlock** **4/24/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KLEIN, JOHN H 5000 BLUE LAKE DRIVE, SUITE 200 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDMAN, EDWARD E 5000 BLUE LAKE DRIVE, SUITE 200 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LODIN, SCOTT 5000 BLUE LAKE DRIVE, SUITE 200 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, ALAN P 5000 BLUE LAKE DRIVE, SUITE 200 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer/Dir. Timothy E. Nolan 5000 Blue Lake Drive, Suite 200 Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice Pres. Eric D. Moskow, M.D. 5000 Blue Lake Drive, Suite 200 Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Angelo C. Malahias 5000 Blue Lake Drive, Suite 200 Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Melvin Sharoky, MD. 5000 Blue Lake Drive, Suite 200 Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Philip P. Gerbino, Ph.D. 5000 Blue Lake Drive, Suite 200 Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Martin Reid Stoller, Ph.D. 5000 Blue Lake Drive, Suite 200 Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE: *Scott Lodin* **Scott Lodin, Director/Secretary** **4/21/00** **(954) 584-0300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)