

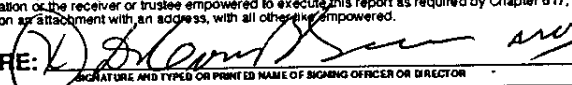


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2004

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0100003919			
1. Entity Name DR. NOTES RESEARCH FOUNDATION, INC.			
Principal Place of Business 10180 CAMINO DEL DIOS DELRAY BEACH, FL 33446		Mailing Address 10180 CAMINO DEL DIOS DELRAY BEACH, FL 33446	
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 30-0089728		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, MARDJAN B 10180 CAMINO DEL DIOS BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name: ANGEL M GARCIA, M.D. Street Address (P.O. Box Number is Not Acceptable): 10180 CAMINO DEL DIOS City: BOCA RATON FL Zip Code: 33487	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when existing)</small>			
FILE NOW: FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D GARCIA, ANGEL M MD 10180 CAMINO DEL DIOS DELRAY BEACH, FL 33446	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GARCIA, CONRADO B MD 10180 CAMINO DEL DIOS DELRAY BEACH, FL 33446	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	400025174604
CITY-ST-ZIP		CITY-ST-ZIP	12/03/03--01018--001 \$35.00
TITLE	D GARCIA, MARDJAN B 10180 CAMINO DEL DIOS DELRAY BEACH, FL 33446	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	400025174604
CITY-ST-ZIP		CITY-ST-ZIP	01/29/04--01018--001 \$26.25
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 duly empowered.			
SIGNATURE: 		DATE: 11/10/03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

MRS

CFR2037 (10/02)