

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90137 033 ****70.00

DOCUMENT # N36411

1. Entity Name

PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC.



Principal Place of Business

1192 E NEWPORT CTR DR
120
DEERFIELD BEACH FL 33442
US

Mailing Address

1192 E NEWPORT CTR DR
120
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0171014

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

DERNIS, MARTIN M.
2701 SW LEJEUNE ROAD
SUITE 401
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
STEINER, DEBORAH
19787 OAKBROOK CIRCLE
BOCA RATON FL 33434

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

PD ☐ Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
BERKOWITZ, GLORIA
7551 REXFORD RD
BOCA RATON FL 33434

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

VPD ☐ Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
GOLDSTEIN, JOY
17011 GRAND BAY DRIVE
BOCA RATON FL 33496

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

☐ 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
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #