

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2005 8:00 am
Secretary of State

09-14-2005 90002 044 ****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

50066757



07072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
STEINER, DEBORAH
19787 OAKBROOK CIRCLE
BOCA RATON, FL 33434

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

9/1/05

954-425-8100

Date

Daytime Phone #