


5151999-90020-004-S61.25-S61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001432 1. Corporation Name NU-MED FOUNDATION, INC.					
Principal Place of Business 14101 NW 4TH ST. SUNRISE FL 33325			Mailing Address 14101 NW 4TH ST. SUNRISE FL 33325		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/11/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		APPLIED FOR	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RILEY, JAMES B 14101 NW 4TH ST. SUNRISE FL 33325				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when replacing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	RILEY, JAMES B	1.2 NAME	
STREET ADDRESS	14101 NW 4TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33325	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	RILEY, PATRICIA A	2.2 NAME	
STREET ADDRESS	14101 NW 4TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33325	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	RILEY, FRANK	3.2 NAME	
STREET ADDRESS	14101 NW 4TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33325	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D
NAME		4.2 NAME	JENNY RILEY
STREET ADDRESS		4.3 STREET ADDRESS	14101 N.W. 4 ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SUNRISE, FL 33325
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
MAINTAINING THE TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JAMES B. RILEY, DIRECTOR

1-29-99 954-845-9500

CR2037 (1/198)

SP

Jason K. Psaltides

Attorney at Law

August 9, 1999

Secretary of State
Corporate Division
The Capitol
PO Box 6327
Tallahassee, FL 32314-6327

Re: Nu-Med Foundation, Inc.

Ladies and Gentlemen:

Pursuant to your request, the 1999 Annual Report copy is enclosed and the changes have been made.

Thanking you in advance. .

Very truly yours,


Jason K. Psaltides, Esq.