FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 581556

1999

MARVIN S. ROSENBLATT, PH.D., P.A.

Principal Place of Business

Mailing Address

6204 NORTHWEST 57TH STREET TAMARAC FL 33319 6204 NORTHWEST 57TH STREET TAMARAC FL 33319

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90004 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

one country						08/01/19/8			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ap	plied For
— ·	2	6			59-1842326		No	t Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #,			etc.					\$8.75	Additional
	m, 6to.	27	¬ '''			5. Certifcate of Status Desired		Fee Re	
22		City & State	h, & State			A Floriday Companies Financies		\$5.00	
City & State	⊢	State			6. Election Campaign Financing		Added t		
28 28 28			Country			Trust Fund Contribution			o rees
Zip	Country			ıry		8. This corporation owes the cur	rent year Inta		
24 25 29			30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent					
				81 Name					٠.
ROSENBLATT, MARVIN S PHD.				82 Street Address (P.O. Box Number is Not Acceptable)					
6204 NW 57TH STREET				OZ OSLEGI AUDICOS (E.O. DOX HALITOCI IS FOUT ACCOMPANO)					where well a signific
TAMARAC FL 33319				83					
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					City, Test St.		FL	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. 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 607.0505, Florida Statutes.									
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating):									
				gent siç	gnature required w	ADDITIONS/CHANGES TO OF		DIRECTO	DC IN 12
12.	OFFICERS AND		13.				PICERS AN		Addition
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CITY-ST-ZIP	TAMARAC FL			1.4 CITY-ST-ZIP					
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NAME					ODESS				
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			6.4 CITY	-ST-7	_{IP}			•	
CITY-ST-ZIP			UA OILI	01-L	<u>" </u>				

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

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 659 722-

CR2E034 (11/98)