

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90202 031 ***150.00

DOCUMENT # 698830

1. Entity Name

REFERRAL ASSOCIATES OF FLORIDA, INC.



Principal Place of Business

300 SOUTH PARK PLACE BLVD., SUITE 150
CLEARWATER FL 33759
US

Mailing Address

1 CAMPUS DRIVE
PARSIPPANY NY 07054
US

2. Principal Place of Business

339 Jefferson Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Parsippany NJ

City & State

Zip

Country

07054 USA

Zip

Country

4. FEI Number

13-3084484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME HUBER, JOSEPH ☐ Delete
STREET ADDRESS 1 CAMPUS DR
CITY-ST-ZIP PARSIPPANY NJ 07054

TITLE PCEO
NAME BECKER, ROBERT M ☐ Delete
STREET ADDRESS 1 CAMPUS DR
CITY-ST-ZIP PARSIPPANY NJ 07054

TITLE EVCS
NAME BOCK, ERIC J ☐ Delete
STREET ADDRESS 37TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE EVP
NAME BUCHMAN, JAMES E ☐ Delete
STREET ADDRESS 9 WEST 57TH ST
CITY-ST-ZIP NEW YORK NY 10019

TITLE EVHR
NAME CONLEY, TERENCE P ☐ Delete
STREET ADDRESS 1 CAMPUS DR
CITY-ST-ZIP PARSIPPANY NJ 07054

TITLE EVP
NAME GOOD, MICHAEL ☐ Delete
STREET ADDRESS 339 JEFFERSON RD
CITY-ST-ZIP PARSIPPANY NJ 07054

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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 607, 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:

Joseph Huber

Joseph Huber

4/20/04

973-496-7471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #