

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729846

FILED
Jan 28, 2009
Secretary of State

Entity Name: DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

Current Principal Place of Business:

200 SOUTH PARK ROAD
SUITE 100
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

200 SOUTH PARK ROAD
SUITE 100
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 59-1361955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, THOMAS O. ESQ
KATZ BASKIES, LLC
2255 GLLADES ROAD, SUITE 240W
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SONBERG, STEVEN
Address: 4022 N.W. 24TH TERRACE
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: SINGER, SHELDON
Address: 3714 RED MAPLE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP () Delete
Name: RAND, WILLIAM DR.
Address: 5 W. SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064

Title: P () Delete
Name: PEARLMAN, ROBERT A
Address: 7264 ARCADIA COURT
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: CALLES, JUAN MR & MR, S
Address: 1120 ALFONSO AVENUE
City-St-Zip: CORAL GABLES, FL 33143

Title: T () Delete
Name: HAUSER, BARRY
Address: 4801 N. 31ST COURT
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: SONBERG, STEVEN
Address: 701 BRICKELL AVE, SUITE 3000
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CALLES, JUAN MR & MR, S
Address: 626 CORAL WAY, #1504
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. PEARLMAN

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date