2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# 747258

Entity Name: GERTRUDE AND PHILIP STRAX BREAST CANCER RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

1844 N. NOB HILL ROAD
410
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1844 N. NOB HILL ROAD
410
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 59-2115197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTIN, GAYLE
950 MOCKINGBIRD LANE
#614
PLANTATION, FL 33324 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:	PD	( ) Delete
Name:	MARTIN, GAYLE	
Address:	950 MOCKINGBIRD LANE	
City-St-Zip:	PLANTATION, FL 33324	
Title:	TD	( ) Delete
Name:	RUBINOWITZ, EVELYN	
Address:	617 BALDWIN DR.	
City-St-Zip:	WEST HEMPSTEAD, NY 11552	
Title:	VSD	( ) Delete
Name:	GARDNER, MARY ANN	
Address:	28889 GARDNER RD	
City-St-Zip:	ELBERTA, AL 36530	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GAYLE MARTIN PD 05/01/2005

Electronic Signature of Signing Officer or Director — Date