

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

• PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **853902 (5)**  
1. Corporation Name  
**NEW DODGE MANAGEMENT CORPORATION**



Principal Place of Business: **1861 N.W. SOUTH RIVER DR. MIAMI FL 33125**  
Mailing Address: **1861 N.W. SOUTH RIVER DR. MIAMI FL 33125**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/26/1982</b>		3a. Date of Last Report <b>05/01/1995</b>	
21		26		4. FEI Number <b>59-2253807</b>		Applied For Not Applicable	
22. Suite, Apt #, etc.		27. Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>STERNSTEIN, GERALD B., ESQ 215 S MONROE ST SUITE 600 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent			
81. Name		<b>C. William Brett, Ph.D., CEO</b>					
82. Street Address (P.O. Box Number is Not Acceptable)		<b>11300 U.S. 19 North</b>					
83. City		<b>Clearwater, FL</b>		<b>34624</b>			
84. City		<b>Clearwater, FL</b>		<b>34624 FL</b>			
85. Zip Code		<b>34624</b>					

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Sole Director</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PICCANO, JOHN A.</b>	1.2 NAME	<b>C. William Brett, Ph.D., CEO</b>
STREET ADDRESS	<b>11300 US 19TH S.</b>	1.3 STREET ADDRESS	<b>11300 U.S. 19 North</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 34624</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'SHEA, JAMES E.</b>	2.2 NAME	
STREET ADDRESS	<b>11300 US 19TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERSON, WENDY</b>	3.2 NAME	
STREET ADDRESS	<b>11300 US 19TH S.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **C. William Brett, Ph.D.** **5/7/96** **813-541-2646**  
DATE: \_\_\_\_\_ DATE PRINTED: \_\_\_\_\_

CR2E034 (12/95)