

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90026 013 ***150.00

20007164



02162007 Chg-P CR2E034 (12/06)

4. FEI Number
58-2466899

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANEY, JEFFREY L
ONE EAST BROWARD BLVD., SUITE 1701
FORT LAUDERDALE, FL 33301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	RANEY, JEFFREY L J.D.	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JAMES B.	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, III, HCARLES L MD	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	HUNTZ, JOHN J	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	HARTMAN, SHELLEY A.	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALABAN, CHERYL	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, III, CHARLES L. MD	
STREET ADDRESS	95 COLLIER RD	
CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, B. KRISTINE	
STREET ADDRESS	901 MARQUETTE AVE	
CITY-ST-ZIP	MINNEAPOLIS, IN 55402	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/07
Date

Daytime Phone #

Attachment

20007164
F00000001739

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D	X ADDITION
NAME	BROOKE, PAUL A	
STREET ADDRESS	21 EAST 90 TH ST	
CITY-ST-ZIP	NEW YORK, NY 10128	

TITLE	D	X ADDITION
NAME	HECHT, ERIC, MD	
STREET ADDRESS	100 SOUTH POINTE DR	
CITY-ST-ZIP	MIAMI, FL 33139	

TITLE	D	X ADDITION
NAME	REBOLD, MATTHEW I	
STREET ADDRESS	50 RIVERSIDE AVE	
CITY-ST-ZIP	WESTPORT CT 06880	

TITLE	D	X ADDITION
NAME	SEBULSKY, ALAN M	
STREET ADDRESS	ONE NORTH WACKER DR	
CITY-ST-ZIP	CHICAGO, IL 60606	

TITLE	D	X DELETE
NAME	FLEISHER, MARTIN, PH.D.	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	X DELETE
NAME	FOLKMAN, M. JUDAH, M.D.	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	X DELETE
NAME	HOLTZBERG, WARREN	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

Attachment ²⁰⁰⁰⁷¹⁶⁹⁴
~~#F00000001139~~
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
(CONTINUED)

TITLE	D	X DELETE
NAME	KING, SPENCER B. III, M.D.	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	X DELETE
NAME	OESTERLE, STEPHEN N., M.D.	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	X DELETE
NAME	PRENDERGAST, FRANKLYN G. M.D., PH.D.	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	