


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F0100000733**


1. Entity Name  
**LYMPHATIC RESEARCH FOUNDATION, INC.**



Principal Place of Business  
**100 FOREST DRIVE  
EAST HILLS, NY 11548**

Mailing Address  
**100 FOREST DRIVE  
EAST HILLS, NY 11548**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**58-2404527** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARASH, A. JEFFREY ESQ.  
1140 KANE CONCOURSE  
BAY HARBOR, FL 33154**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARASH, A. JEFFREY ESQ. 1140 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREGORY, DALE 12131 ACORN PALM ROAD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAITE, WENDY ESQ. 2 POOL DRIVE ROSLYN, NY 11576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KREVIS, NOREEN 26800 MORGAN RUN WESTLAKE, OH 44145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD STOENS, MISSY 2509 CLEARVIEW AVENUE VENTURA, CA 93001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARZELATTO, MYRNA 32 MEADOWBROOK RD WHITE PLAINS, NY 10605

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IN THIS SPACE**

U00000776585  
01/09/08-80030-008-61.25

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 617, 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:  **A. JEFFREY BARASH** 1/9/08 306-868-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #