

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90106 033 ****61.25

DOCUMENT # F05000005535

1. Entity Name
**NATIONAL JEWISH MEDICAL AND RESEARCH CENTER
CORPORATION**



Principal Place of Business
**1400 JACKSON STREET
DENVER, CO 80206**

Mailing Address
**1400 JACKSON STREET
DENVER, CO 80206**

60023042



02282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
74-2044647

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER-ICE, ARIANE
7900 GLADES RD STE 410
BOCA RATON, FL 33434**

7. Name and Address of New Registered Agent

Name **John Burtness**
Street Address (P.O. Box Number is Not Acceptable)
7900 Glades Rd Ste 410
City **Boca Raton** FL Zip Code **33434**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☒ Delete
NAME **ENGLEBERG, DAVID H**
STREET ADDRESS **1400 JACKSON STREET**
CITY-ST-ZIP **DENVER, CO 80206**

TITLE **VC** ☐ Delete
NAME **ARENT, STEVE**
STREET ADDRESS **1400 JACKSON STREET**
CITY-ST-ZIP **DENVER, CO 80206**

TITLE **P** ☐ Delete
NAME **SALEM, MICHAEL MD**
STREET ADDRESS **1400 JACKSON ST**
CITY-ST-ZIP **DENVER, CO 80206**

TITLE **V** ☐ Delete
NAME **SINGLETON, J. VERNE**
STREET ADDRESS **1400 JACKSON STREET**
CITY-ST-ZIP **DENVER, CO 80206**

TITLE **S** ☐ Delete
NAME **FORKNER, CHRISTINE**
STREET ADDRESS **1400 JACKSON STREET**
CITY-ST-ZIP **DENVER, CO 80206**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☒ Change ☐ Addition
NAME **Arent, Steve**
STREET ADDRESS **1400 Jackson St**
CITY-ST-ZIP **Denver Co 80206**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07

Date

303-398-1031

Daytime Phone #