

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001044**

1. Entity Name

INSTITUTE FOR ADVANCED THERAPY, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90078 040 ****61.25

Principal Place of Business

411 ROUTE 17 S
SUITE 305
HASBROUCK HEIGHTS NJ 07604

Mailing Address

%SQUADRON.ELLENOFF.PLESENT & SHEINFELD
551 5TH AVENUE
NEW YORK NY 10176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
13-3715711

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS STREET, STE #2
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD GRANOFF, MARTIN 411 RT 17 S SUITE 305 HASBROUCK HEIGHTS NJ 07604	<input type="checkbox"/>		<input type="checkbox"/>
VD MILLER, DANIEL 411 RT 17 S SUITE 305 HASBROUCK HEIGHTS NJ 07604	<input type="checkbox"/>		<input type="checkbox"/>
S UROWSKY, HERMAN 411 RT 17 S SUITE 305 HASBROUCK HEIGHTS NJ 07604	<input type="checkbox"/>		<input type="checkbox"/>
D FISHMAN, JACK 411 RT 17 S SUITE 305 HASBROUCK HEIGHTS NJ 07604	<input type="checkbox"/>		<input type="checkbox"/>
D LEIWANT, IRENE 411 RT 17 S SUITE 305 NEW YORK NY	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

CR2E037 (10/00)