

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90137 048 ****61.25

DOCUMENT # F98000001044



1. Entity Name

INSTITUTE FOR ADVANCED THERAPY, INC.

Principal Place of Business

**411 ROUTE 17 S
SUITE 305
HASBROUCK HEIGHTS NJ 07604**

Mailing Address

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

70015752



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
<p>TITLE PD <input type="checkbox"/> Delete</p> <p>NAME GRANOFF, MARTIN</p> <p>STREET ADDRESS 411 RT 17 S SUITE 305</p> <p>CITY-ST-ZIP HASBROUCK HEIGHTS NJ 07604</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE VD <input type="checkbox"/> Delete</p> <p>NAME MILLER, DANIEL</p> <p>STREET ADDRESS 411 RT 17 S SUITE 305</p> <p>CITY-ST-ZIP HASBROUCK HEIGHTS NJ 07604</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE S <input type="checkbox"/> Delete</p> <p>NAME UROWSKY, HERMAN</p> <p>STREET ADDRESS 411 RT 17 S SUITE 305</p> <p>CITY-ST-ZIP HASBROUCK HEIGHTS NJ 07604</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE D <input type="checkbox"/> Delete</p> <p>NAME FISHMAN, JACK</p> <p>STREET ADDRESS 411 RT 17 S SUITE 305</p> <p>CITY-ST-ZIP HASBROUCK HEIGHTS NJ 07604</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE D <input type="checkbox"/> Delete</p> <p>NAME LEIWANT, IRENE</p> <p>STREET ADDRESS 411 RT 17 S SUITE 305</p> <p>CITY-ST-ZIP NEW YORK NY</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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: *Herman Urowsky* **Herman Urowsky** 1-28-03 201-727-1412

CR2E037 (10/02)