2001 UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2001 8:00 am DOCUMENT # F99000002148 **Secretary of State** CURE FOR LYMPHOMA FOUNDATION, INC. 03-27-2001 90054 021 ****61.50 Principal Place of Business Mailing Address 215 LEXINGTON AVE 215 LEXINGTON AVE NEW YORK NY 10016 NEW YORK NY 10016 00038180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3703565 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, ERROL M Street Address (P.O. Box Number is Not Acceptable) 7101 LYONS HEAD LANE **BOCA RATON FL 33496** 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Addition TITLE ☐ Delete TITLE Freundlich, Jerry NAME NAME STREET ADDRESS 1136 FIFTH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10128** ☐ Change ☐ Addition TITLE Delete TITLE FREUNDLICH, BARBARA NAME NAME STREET ADDRESS 1136 FIFTH AVE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10128** CITY-ST-ZIP Addition Delete UPD ☐ Change TITLE TITLE LEONARD ROSEN ADAMS, KATHRYN A NAME NAME STREET ADDRESS 30 4 71 ST 1 ROCK RIDGE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GREENWICH CT 06831 12001 · NN. TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME COOK, ERROL M D NAME STREET ADDRESS 76 MOHAWK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHORT HILLS NJ 07078 ☐ Addition TITLE ☐ Delete TITLE Change HIRSCHFIELD, ALAN J STREET ADDRESS 3490 CLUBHOUSE DR. - BOX 1-2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILSON NY 83014 TITLE ☐ Delete Addition BERTINO, JOSEPH R NAME NAME STREET ADDRESS 1275 YORK AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10021

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 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



March 16, 2001

To Whom It May Concern:

Attached is a list of the additional members of our Board of Directors.

- 1. Morton Coleman, Chairman, Medical Affiliates Board
- 2. Kathryn Adams
- 3. Diane Blum, MSW
- 4. Michael Ditzian
- 5. James K. Finkel
- 6. Robert E. Fischer
- 7. Richard Goldberg
- 8. Wendy S. Harpham, MD
- 9. Evelyn Lipori
- 10. Mark A. Parsells
- 11. Arthur H. RosenbergMD
- 12. Ellen L. Stovall
- 13. Lewis M. Taffer
- 14. Cynthia L. Warner
- 15. Bobbi Warren

If I can be of any further assistance in this matter, I can be reached at 212 213-9595.

Yours truly,

Anne Saunders, Business Mgr.

