

2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ANNUAL
REI

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90154 040 ***150.00

DOCUMENT # K89075

1. Entity Name

Independent Investigational Review
Board, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6738 W. Sunrise Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plantation FL

City & State

4. FEI Number

65-0131304

Applied For

Not Applicable

Zip

33313

Country

USA

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Kim B. Lerner

Street Address (P.O. Box Number is Not Acceptable)

9721 Sea Turtle Dr

City

Plantation

FL

Zip Code

33324

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

P.D.
Anita McSharry
17111 Gulf Pine Circle
Wellington, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD
Kim Lerner
9721 Sea Turtle Drive
Plantation, FL 33324

TITLE
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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 607, Florida Statutes; and that my name appears in Block 10 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 #

4/29/05 954-327 0776

CR2E034B (12/02)