

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2005
Secretary of State**

DOCUMENT# N00000006424

Entity Name: FLIGHT ATTENDANT MEDICAL RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

201 SOUTH BISCAYNE BLVD
STE. 1310
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

201 SOUTH BISCAYNE BLVD
STE. 1310
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-1057724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSENBLATT, STANLEY M PA
66 WEST FLAGLER STREET
12TH FLOOR
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLISSARD, LANI
Address: 607 BALBOA AVENUE
City-St-Zip: EL GRANADA, CA 94018

Title: D () Delete
Name: LANE, BLAND
Address: 1143 MANOR DRIVE
City-St-Zip: SONOMA, CA 95476

Title: D () Delete
Name: YOUNG, PATRICIA
Address: 4910 W. HANOVER AVENUE
City-St-Zip: DALLAS, TX 75209 US

Title: D () Delete
Name: OSTROW, JOHN B ESQ
Address: 201 S BISCAYNE BLVD 1380
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: ROSENBLATT, STANLEY M ESQ
Address: 66 W FLAGLER 12TH FL
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: ROSENBLATT, SUSAN ESQ
Address: 66 W FLAGLER 12TH FL
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BLISSARD, LANI
Address: 4133 PAPU CIRCLE
City-St-Zip: HONOLULU, HI 96816

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OSTROW, JOHN B ESQ
Address: 44 WEST FLAGLER ST., SUITE 1250
City-St-Zip: MIAMI, FL 33130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY M. ROSENBLATT

D

01/10/2005

Electronic Signature of Signing Officer or Director

Date