

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006424

FILED  
Feb 12, 2003  
Secretary of State

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 ( )

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

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

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

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

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: LEISA M. SUDDERTH

D

02/12/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date