2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #-N0100003919 1. Entity Name DR. NOTES RESEARCH FOUNDATION, INC. Principal Place of Business Mailing Address 600 FAIRWAY DRIVE STE 210 600 FAIRWAY DRIVE STE 210

FILED Jul 30, 2002 8:00 am Secretary of State 05-13-2002 90058 001 ****61.25

DEERFIELD BEACH FL 33441			DEERFIELD BEACH FL 33441			39905				
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 89 12 8 Applied For Not Applicable				
Zip Country			Zip	Country		5. Certificate of Status Desired				
	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
-		-		Name				•		
	MARDJAN B VAY DRIVE			Street	Street Address (P.O. Box Number is Not Acceptable)					
ľ	D BEACH F			City		,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	F	L Zip Cod	le	
8. The above the obligate SIGNATURE.	tions of regist	ered agent.	r the purpose of changing its	registered office o	or registere	d agent, or both, in	he State of Florida. I an	n familiar with,	and accept	
	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signa	ature required w	hen reinstating)	DATE			
		ember 13, 2002, I be \$236.25.	Trust Fund C			\$5.00 May Be Added to Fees	Make Chec Departme	ck Payable ent of State		
10.	-	OFFICERS AND DIF	RECTORS	11.	A	DITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	1 10	
TITLE	D	NOTE NAME	☐ Delete	TITLE	i			Change	☐ Addition	
NAME STREET ADDRESS		NGEL M MD		NAME						
CITY-ST-ZIP		/AY DRIVE STE 210		STREET ADDRESS CITY-ST-ZIP						
TITLE	DEERFIELL	BEACH FL 33441								
NAME	_	CHRISTINE MD	Delete	TITLE NAME	1200°	JA RAR	GASPARD DRIVE S BEACH, FL	Change	Addition	
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CITY-ST-ZIP				CITY-ST-ZIP	<u> </u>					
12. I hereby condicated	ertify that the	information supplied with t or supplemental report is:	this filing does not qualify for t true and accurate and that my	he exemption star signature shall h	ited in Section	on 119.07(3)(i), Flor ne legal effect as if	da Statutes. I further ce made under oath; that I	rtify that the in am an officer	formation or director	

d 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 attaching a with all other like empowered.

SIGNATURE:

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Principal Place of Business .	3. Mailing Address	·	_				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPA	ACE		
City & State Zip Country	City & State		XEINumber 30-0	089728	Applied For Not Applicable		
	Zip	Country	5. Certificate of Sta		.75 Additional Required		
6. Name and Address of Curren	t Registered Agent	Name	7. Name and Addr	es of New Registered Age			
PARCIA, MARIDIAN B DO FAIRWAY: DRIVE STE 210	,	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
EERFELD BEACH FL 33441		- Ch	•	j			
The above named antity submits this statement to		City		· FL ·	Zip Code		
SNATURE Signature, typed or printed name of registered agent	and the Fapplication (NO	PTE: Registered Agent agreeure requ	·	DATE			
Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	9. Election Ca Trust Fund (·	i			
Signature, typed or printed name of registered agent	9. Election Ca Trust Fund of RECTORS	FTE: Registered Agent signature requirements ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Pa Department of TO OFFICERS AND DIRECT	ORS IN 10		
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FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

July 9, 2002

DR. NOTES RESEARCH FOUNDATION, INC. 600 FAIRWAY DRIVE STE 210 DEERFIELD BEACH, FL 33441

Subject: DR. NOTES RESEARCH FOUNDATION, INC.

Reference Number.

N01000003919

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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