

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000003919 1. Entity Name DR. NOTES RESEARCH FOUNDATION, INC.			90139421
Principal Place of Business 600 FAIRWAY DRIVE STE 210 DEERFIELD BEACH, FL 33441		Mailing Address 600 FAIRWAY DRIVE STE 210 DEERFIELD BEACH, FL 33441	
2. Principal Place of Business 10180 CAMINO DEL DIOS Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc. SAME	
City & State DEL RAY BEACH, FL.		City & State SAME	
Zip 33446		Zip SAME	
Country USA.		Country SAME	
4. FEI Number 30-0089728		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, MARDJAN B 600 FAIRWAY DRIVE STE 210 DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name MARDJAN B. GARCIA Street Address (P.O. Box Number is Not Acceptable) 10180 CAMINO DEL DIOS City DELRAY BEACH FL Zip Code 33487	
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: MARDJAN B. GARCIA		DATE: 6/6/08/03	
FILE NOW - FEES \$07.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ANGEL M MD 600 FAIRWAY DRIVE STE 210 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANGEL M. GARCIA, M.D. 10180 CAMINO DEL DIOS DELRAY BEACH, FL. 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASPARD, DONNA RAE 600 FAIRWAY DRIVE STE 210 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CONRADO B. GARCIA, MD 10180 CAMINO DEL DIOS DELRAY BEACH, FL. 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MARDJAN B 600 FAIRWAY DRIVE STE 210 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARDJAN B. GARCIA 10180 CAMINO DEL DIOS DELRAY BEACH, FL. 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: ANGEL M. GARCIA, MD		DATE: 6/7/03 (561) 445-9631	

CPR0307 (10/02)

Attachment
90139421
NO1000003919

4/16/2003

Florida Department of State

**150.00

One Hundred Fifty and 00/100*****

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

2003 UBR for Dr Notes Research 30-0089728

Florida Department of State

4/16/2003

150.00

DWW-Wachovia

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