

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009334

1. Entity Name
THE MARLOWE FOUNDATION FOR DIAGNOSTIC
RHEUMATOLOGY AND CLINICAL RESEARCH, INC.



Principal Place of Business
703 COURT STREET
CLEARWATER, FL 33756 US

Mailing Address
703 COURT STREET
CLEARWATER, FL 33756 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182005 Chg-NP CR2E037 (10/03)

4. FEI Number
13-4038731

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENNINGS, THOMAS C III
703 COURT STREET
CLEARWATER, FL 33756

Name

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

City

FL

Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NP ☐ Delete
NAME MARLOWE, SALLY M
STREET ADDRESS 712 GRAND CENTRAL
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 000000258113
CITY-ST-ZIP 03/10/05-80028-018 61.25

TITLE T ☐ Delete
NAME GARRETT, FREDERICK
STREET ADDRESS 1611 HIGHLAND CLUB LANE
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ Delete
NAME VITRAELLI, RICHARD L
STREET ADDRESS 251 WINDWARD PASSAGE, STE G
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ Delete
NAME WEINSTEIN, ARTHUR MD
STREET ADDRESS 110 IRVING ST. NW, RM 2A-66
CITY-ST-ZIP WASHINGTON, DC 20010

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ Delete
NAME ZIZIC, THOMAS M MD
STREET ADDRESS 47 R LOVETON CIRCLE
CITY-ST-ZIP SPARKS GLENCOE, MD 21152

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #