2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # N0400008900 1. Entity Name THE MEMORY LOSS PREVENTION & RECOVERY INSTITUTE, INC.) 	4-13-2005 9	90051 022 ****61	.25
Principal Place of Business 6992 MARION AVE. 6992 MARGATE, FL 33063 MARGATE, FL 33063 MARGATE, FL 33063			N AVE.					
Principal Place of Business 3. Mai		3. Mailing Add	Mailing Address		_			
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		03252005	Chg-NP	CR2E037 (10/03)	
City & State		City & State	City & State		4. FEI Number 20 - 161	6476B		oplied For
Zìp	Country	Zip	С	Country	5. Certificate of		S8.75 Add Fee Require	ditional
*	6. Name and Address of Current	Registered Agent			7Name and Ad	dress of New F	legistered Agent-	
JOYCE, JI	LL			Name				
6992 MARION AVE. MARGATE, FL 33063				Street Address (P.O. Box Number is Not Acceptable)				
							1 = -	
				City			FL Zip Cod	e
8. The above the obligat	named entity submits this statement fo tions of registered agent.	r the purpose of ch	nanging its registe	ered office or registe	ered agent, or both, i	n the State of Fig	orida. I am familiar with,	and accept
SIGNATURE .	Stgnature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registe	ered Agent signature require	ed when reinstating)		DATE	
SIGNATURE	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2005	. 9. El	(NOTE: Registe lection Campaign rust Fund Contrib	r Financing	\$5.00 May Be Added to Fees		DATE lake check payable t ida Department of S	
SIGNATURE	Filing Fee is \$61.25	9. EI	lection Campaign	n Financing oution.	\$5.00 May Be Added to Fees	Flor	lake check payable t ida Department of S	tate
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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:

Dr. Jul Joyce

DRJILL JOYCE

877 -940-3536

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