

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90034 018 ****61.25

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1. Entity Name
FLORIDIANS FOR STEM CELL RESEARCH AND CURES, INC.



Principal Place of Business
**2255 GLADES ROAD
218A
BOCA RATON, FL 33431**

Mailing Address
**2255 GLADES ROAD
218A
BOCA RATON, FL 33431**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3405341

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

**HANDLER, HENRY B
2255 GLADES ROAD
218A
BOCA RATON, FL 33431**

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, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
AARONSON, BURT
C/O 2255 GLADES ROAD - SUITE 218-A
BOCA RATON, FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Dir
Friedkin, Shawn A.
3100 NW 56th St
Boca Raton, FL 33496** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
SIEGEL, BERNARD ESQ.
C/O 2255 GLADES ROAD - SUITE 218-A
BOCA RATON, FL 33431** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Dir
Susser, Gary E.
3294 NW 63rd St
Boca Raton, FL 33496** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
OTTO, EDGAR --
C/O 2255 GLADES ROAD - SUITE 218-A
BOCA RATON, FL 33431** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Dir
Rosenthal, Linda
21317 Gosier Way
Boca Raton, FL 33428** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LIST, MARC
C/O 2255 GLADES ROAD - SUITE 218-A
BOCA RATON, FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Dir
Shevach, Eileen
9557 Vercelli Street
Lake Worth, FL 33467** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
HANDLER, HENRY B ESQ
2255 GLADES ROAD - SUITE 218-A
BOCA RATON, FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Dir
Cott, Theodore
6768 10th Ave N.
Lake Worth, FL 33467** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Dir
Landes, Alison
8749 Belle Aire Dr
Boca Raton, FL 33433** ☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #