


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05668**

1. Entity Name  
**GERI MALLOY MALINER NURSING SCHOLARSHIP FOUNDATION, INC.**



Principal Place of Business <b>% ROBERT MALINER          4510 BUCHANAN STREET          HOLLYWOOD, FL 33021</b>	Mailing Address <b>% ROBERT MALINER          4510 BUCHANAN STREET          HOLLYWOOD, FL 33021</b>
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**DO NOT WRITE IN THIS SPACE**



02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2456382</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MALINER, ROBERT  
 4510 BUCHANAN STREET  
 HOLLYWOOD, FL 33021**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000092688 03/19/04-80019-010 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MALINER, ROBERT 4510 BUCHANAN ST HOLLYWOOD, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RESCINITI, S ED 35 PARK AVE NEW YORK, NY</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T MALINER, VERONICA 4510 BUCHANAN ST HOLLYWOOD, FL 33021</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Robert K. Maliner* **3/16/04** **954 966 7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR