

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012299

FILED
Mar 24, 2009
Secretary of State

Entity Name: THE DR. UKLEJA MEDICAL RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

2768 MEADOWOOD DRIVE
WESTON, FL 33332

New Principal Place of Business:

Current Mailing Address:

2768 MEADOWOOD DRIVE
WESTON, FL 33332

New Mailing Address:

FEI Number: 20-8547383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UKLEJA, ANDREW
2768 MEADOWOOD DRIVE
WESTON, FL 33332 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: UKLEJA, ANDREW
Address: 2768 MEADOWOOD DRIVE
City-St-Zip: WESTON, FL 33332

Title: ST () Delete
Name: UKLEJA, ANNA
Address: 2768 MEADOWOOD DRIVE
City-St-Zip: WESTON, FL 33332

Title: VD () Delete
Name: SALA, DONNA
Address: 13735 CANTABERRY CT.
City-St-Zip: SOUTH LYON, MI 48178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA UKLEJA

MRS.

03/24/2009

Electronic Signature of Signing Officer or Director

Date