9/10/01-90064-003-$70.00-$70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09396

1. Entity Name

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCI

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 OCT 26 AM 10:57

0007715

Principal Place of Business	Mailing Address
1175 NE 125 ST 600 N MIAMI FL 33161 US	1175 NE 125 ST 600 N MIAMI FL 33161 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2483380 ☐ 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
JOHNSON, BRENDA M 1175 NE 125 ST #600 N MIAMI FL 33161	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.

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

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOWE, DEBORAH J 700 NE 90 ST MIAMI FL 33138	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SD GLAZER, DAVID ESQ. BEHAR, GUTT, & GLAZER, 2999 NE. 191 STREET ADVENTURA, FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIRZA, KHALID M 8000 GOVERNORS SQUARE BLVD, STE 300 MIAMI LAKES FL 33015	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PLASRIS, LEE FERRELL, SCHULTZ, CARTER, ZUMPANO, PA 201 S. BISCAYNE BLVD, SUITE 3400 MIAMI, FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, ROGER 2601 BISCAYNE BLVD MIAMI FL 33137	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	V VERNA REIZEN 1230-100TH STREET BAY HARBOR ISLANDS, FL 33154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	BRENDA M. JOHNSON 2760 NE 16 STREET FL. LAUDERDALE, FL 33304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: Brenda M Johnson BRENDA M JOHNSON 9-4-01 305-891-6228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #