FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19669 (3)

1. Corporation Name
THE CENTER FOR CURATIVE RESEARCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7491 W. OAKLAND PARK BLVD., STE. 306 FT. LAUDERDALE FL 33319-4970	7491 W. OAKLAND PARK BLVD., STE. 306 FT. LAUDERDALE FL 33319-4970

3. Date Incorporated or Qualified: 03/13/1987
3a. Date of Last Report: 06/17/1994
4. FEI Number: 59-2779957 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

SINKLE, DEBRA
7491 W. OAKLAND PARK BLVD. STE. 306
FT. LAUDERDALE FL 33319-4970

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	KOLSKY, ALLAN	1.2 NAME		
STREET ADDRESS	7491 W. OAKLAND PARK BLVD., #306	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE		☐ Change ☐ Addition
NAME	SINKLE, DEBRA	2.2 NAME		
STREET ADDRESS	7491 W. OAKLAND PARK BLVD., #306	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CHAPNICK, BARRY	3.2 NAME		
STREET ADDRESS	2000 W. COMMERCIAL BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	DVP	4.1 TITLE		☐ Change ☐ Addition
NAME	SALMAN, CARLOS	4.2 NAME		
STREET ADDRESS	3191 CORAL WAY, STE #401	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HERTZ, ARTHUR	5.2 NAME		
STREET ADDRESS	316 N. MIAMI AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	ASHKAR, FUAD M.D.	6.2 NAME		
STREET ADDRESS	6500 S.W. 79TH CT.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra Sinkle 4/18/95 305-572-0905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044474