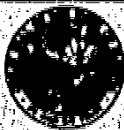


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N19669 (3)
1. Corporation Name
THE CENTER FOR CURATIVE RESEARCH, INC.

Principal Place of Business Mailing Address
**7491 W. OAKLAND PARK BLVD., STE. 306
FT. LAUDERDALE FL 333194970** **7491 W. OAKLAND PARK BLVD., STE. 306
FT. LAUDERDALE FL 333194970**

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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required 8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent SINKLE, DEBRA 7491 W. OAKLAND PARK BLVD. STE. 306 FT. LAUDERDALE FL 333194970	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
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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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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 110.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 **305-572-0305**
Date Daytime Phone #