

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19669 (3)

1. Corporation Name

THE CENTER FOR CURATIVE RESEARCH, INC.



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

Mailing Address
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
04/26/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2779957	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	29		
Country	Country		
25	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

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	DELETE
NAME	KOLSKY, ALLAN	
STREET ADDRESS	7491 W. OAKLAND PARK BLVD., #306	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	
TITLE	DS	DELETE
NAME	SINKLE, DEBRA	
STREET ADDRESS	7491 W. OAKLAND PARK BLVD., #306	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	
TITLE	D	DELETE
NAME	CHAPNICK, BARRY	
STREET ADDRESS	2000 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DVP	DELETE
NAME	SALMAN, CARLOS	
STREET ADDRESS	3191 CORAL WAY, STE #401	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	HERTZ, ARTHUR	
STREET ADDRESS	316 N. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	ASHKAR, FUAD M.D.	
STREET ADDRESS	6500 S.W. 79TH CT.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Change Addition
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Change Addition
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Change Addition
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Change Addition
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Change Addition
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Change Addition

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)(k), 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

Date

Daytime Phone #

4/30/96 954-572-0305
CS 5/1/96

CR2E037 (12/95)