

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT



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

~~1996~~ 1997

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

APPROVED
 AND
 FILED
 97 JUN 24 PM 3:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/13/1987	04/26/1995
22		27		4. FEI Number	Applied For
23		28		59-2779957	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
27		32		Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SINKLE, DEBRA 7491 W. OAKLAND PARK BLVD. STE. 306 FT. LAUDERDALE FL 33319-4970				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLSKY, ALLAN	1.2 NAME	
STREET ADDRESS	7491 W. OAKLAND PARK BLVD., #306	1.3 STREET ADDRESS	600002225516--4
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	1.4 CITY-ST-ZIP	-05/27/97--01115--010
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	***\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Debra Sinkle* **6/23/97** 954-592-0305
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)