

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90137 006 \*\*\*\*61.25

DOCUMENT # N19669

1. Corporation Name

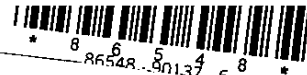
THE CENTER FOR CURATIVE RESEARCH, INC.

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/13/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2779957

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME KOLSKY, ALLAN  
STREET ADDRESS 7491 W. OAKLAND PARK BLVD., #306  
CITY-ST-ZIP FT. LAUDERDALE FL 33319

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change

Addition

TITLE DS  
NAME SINKLE, DEBRA  
STREET ADDRESS 7491 W. OAKLAND PARK BLVD., #306  
CITY-ST-ZIP FT. LAUDERDALE FL 33319

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME CHAPNICK, BARRY  
STREET ADDRESS 2000 W. COMMERCIAL BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change

Addition

TITLE DVP  
NAME SALMAN, CARLOS  
STREET ADDRESS 3191 CORAL WAY, STE #401  
CITY-ST-ZIP MIAMI FL

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME HERTZ, ARTHUR  
STREET ADDRESS 316 N. MIAMI AVE.  
CITY-ST-ZIP MIAMI FL

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME ASHKAR, FUAD M.D.  
STREET ADDRESS 6500 S.W. 79TH CT.  
CITY-ST-ZIP MIAMI FL

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change

Addition

14. 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 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, with all other like empowered.

SIGNATURE:

*Debra Sinkle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

954-572-0305

Date

Daytime Phone #

CR2E037 (11/98)

0039408