

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90026 001 ****61.25

DOCUMENT # N19669

1. Entity Name

THE CENTER FOR CURATIVE RESEARCH, INC.

Principal Place of Business

Mailing Address

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

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 FT. LAUDERDALE FL 33319-4970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2779957

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

| | | |
|--|---------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Debra Sinkle Kolsky | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra Sinkle Kolsky
 REGISTERED AGENT

3/14/00

954-572-0305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C:\PERS\711800