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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90011 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N21159</b>					
1. Corporation Name <b>JOAN LEVY CANCER FOUNDATION, INC.</b>					
Principal Place of Business 1550 N.E. MIAMI GARDENS DR. SUITE 306 NORTH MIAMI BEACH FL 33179			Mailing Address 1550 N.E. MIAMI GARDENS DR. SUITE 306 NORTH MIAMI BEACH FL 33179		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/16/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2815398	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LEVY, RONALD G 1550 N.E. MIAMI GARDENS DR. SUITE 306 NORTH MIAMI BEACH FL 33179			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS					
TITLE	PD	[ ] DELETE			
NAME	KAPLAN, JODIE				
STREET ADDRESS	1990 NE 188TH ST				
CITY-ST-ZIP	N. MIAMI BEACH FL 33139				
TITLE	VPD	[ ] DELETE			
NAME	ELIAS, LENORE				
STREET ADDRESS	21180 N.E. 20 CT.				
CITY-ST-ZIP	N. MIAMI BEACH FL				
TITLE	SD	[ ] DELETE			
NAME	DUBIN, DEBRA L				
STREET ADDRESS	1071 NW 189TH AVE				
CITY-ST-ZIP	N. MIAMI BEACH FL 33179				
TITLE	TD	[ ] DELETE			
NAME	ROSMAN, LORRAINE				
STREET ADDRESS	540 NE 199TH TERRACE				
CITY-ST-ZIP	N. MIAMI BEACH FL 33179				
TITLE	ATD	[ ] DELETE			
NAME	ROSMAN, RONALD G				
STREET ADDRESS	540 NE 199TH TERRACE				
CITY-ST-ZIP	N. MIAMI BEACH FL 33179				
TITLE		[ ] DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					
2.1 TITLE	[ ] Change [ ] Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	[ ] Change [ ] Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	[ ] Change [ ] Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	[ ] Change [ ] Addition				
5.2 NAME	ATD RONALD G. LEVY				
5.3 STREET ADDRESS	540 NE 199TH TERRACE				
5.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33179				
6.1 TITLE	[ ] Change [ ] Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 305.945-6401  
Date Daytime Phone #

CR2E037 (11/98)