2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N36411

1. Entity Name
PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC.

Principal Place of Business	Mailing Address
1192 E NEWPORT CTR DR 120 DEERFIELD BEACH, FL 33442 US	1192 E NEWPORT CTR DR 120 DEERFIELD BEACH, FL 33442 US

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03092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0171014
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DERNIS, MARTIN M.
2701 SW LEJEUNE ROAD
SUITE 401
CORAL GABLES, FL 33134

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	STEINER, DEBORAH
STREET ADDRESS	19787 OAKBROOK CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	PD
NAME	BERKOWITZ, GLORIA
STREET ADDRESS	7551 REXFORD RD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	VPD
NAME	GOLDSTEIN, JOY
STREET ADDRESS	17011 GRAND BAY DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80096-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Deborah Steiner 4/6/06 954-425-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #