NONPROFIT CORPORATION ANNUAL REPORT 1999	Katherin Secretary DIVISION OF C	OREINSTATE: \$236.25). TMENT OF STATE IN Harris	FILI Sep 08, 199 Secretary 09-08-1999 90006	9 8:00 an of State	n
OCUMENT # N9500 Corporation Name EXPERT RADIOLOGY RESEARCH A TION, INC.	0003944 And Educational Fo	 Iunda			
incipal Place of Business 2581 NORTHWEST 59TH STREET 30CA RATON FL 33496	Mailing Address 14011 VENTURA BLVD. STE. 502 SHERMAN OAKS CA 9142	3			
Principal Place of Business	2a. Mailing Address 26 ZS&I N	w sath st	3. Date Incorporated or Qualifed 08/16/1995		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number 65-0603973	Applied For Not Applicat	-
City & State	City & State	on FL	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip 33496-	Country USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Register	red Agent	_
steinberg, fred L M.D.			ss (P.O. Box Number is Not Acceptable)		_
2581 NORTHWEST 59TH STREET		83			
BOCA RATON FL 33496	۶ ⁴⁴			·	
	•	84 City		- 85 Zip Code	
Pursuant to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the above-named corpo	ration submits this statement for the numose	of changing its registered	d
Signature, speed or printed name of registered ager	of Florida. Such change was aut tions of, Section 617.0503, Florid P(C), LL, H and title if applicable. (NOTE: F	thorized by the corporation da Statutes. Registered Agent signature required	ration submits this statement for the purpose s's board of directors. I hereby accept the ap	e of changing its registered pointment as registered	
office or registered agent, or both, in the State agent am familiar with, and accept the obligat GNATURE Signature	of Florida. Such change was aut tions of, Section 617.0503, Florid Pend title if applicable. (NOTE: F DIRECTORS	thorized by the corporation da Statutes. Registered Agent signature required 13.	ration submits this statement for the purpose s's board of directors. I hereby accept the ap	e of changing its registered pointment as registered	2
office or registered agent, or both, in the State agent! am familiar with and a copt the obligation SNATURE Signature aped or printed name of registand egen	of Florida. Such change was aut tions of, Section 617.0503, Florid P(C), LL, H and title if applicable. (NOTE: F	thorized by the corporation da Statutes. Registered Agent signature required	ration submits this statement for the purpose s's board of directors. I hereby accept the ap	And DIRECTORS IN 12	2 ition
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation SNATURE Signature, DBd or printed name of registing agen OFFICERS AN E PD STEINBERG, FRED E STEINBERG, FRED 2581 NORTHWEST 59TH STR	of Florida. Such change was aut tions of, Section 617.0503, Florid Program bible if applicable. (NOTE: F DIRECTORS	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE	ration submits this statement for the purpose s's board of directors. I hereby accept the ap	And DIRECTORS IN 12	z
office or registered agent, or both, in the State agent am familiar with and accept the obligat SNATURE Signature	of Florida. Such change was aut tions of, Section 617.0503, Florid P(F), LL_F and title if applicable. (NOTE: F DIRECTORS DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ration submits this statement for the purpose s's board of directors. I hereby accept the ap	AND DIRECTORS IN 12	z
office or registered agent, or both, in the State agent am familiar with and accept the obligat SNATURE Signature Aped or printed name of registered egen OFFICERS AN E PD STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 E DV E STEINBERG, CONSTANCE	of Florida. Such change was aut tions of, Section 617.0503, Florid P(C), LLL and the if applicable. (NOTE: F DIRECTORS DELETE EET	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ration submits this statement for the purpose s's board of directors. I hereby accept the ap	And DIRECTORS IN 12	ition
office or registered agent, or both, in the State agent am familiar with and accept the obligat SNATURE Signature State or printed name of registered agen OFFICERS AN E PD STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 EET ADDRESS 2581 NORTHWEST 59TH STRI EET ADDRESS 2581 NORTHWEST 59TH STRI STEINBERG, CONSTANCE EET ADDRESS 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496	of Florida. Such change was aut tions of, Section 617.0503, Florid P(F), LLL and Bile if applicable. (NOTE: F DIRECTORS DELETE EET DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ration submits this statement for the purpose s's board of directors. I hereby accept the ap	a of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addi	2 ition ition
office or registered agent, or both, in the State agent. I am familiar with and accept the obligat SNATURE Signature ACC or printed name of registered egen OFFICERS AN E PD E STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 E DV E STEINBERG, CONSTANCE 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, MARVIN CE DV E STEINBERG, MARVIN CE DV E STEINBERG, MARVIN	of Florida. Such change was aut tions of, Section 617.0503, Florid P(F), LL and Bile If applicable. (NOTE: F DIRECTORS DELETE EET DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ration submits this statement for the purpose s's board of directors. I hereby accept the ap	AND DIRECTORS IN 12	2 ition ition
office or registered agent, or both, in the State agent. I am familiar with and accept the obligat SIgnature Aped or printed name of registered agen OFFICERS AN E PD STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, CONSTANCE 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, MARVIN E DV E STEINBERG, MARVIN E DV E STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI 2581 NORTHWEST 59TH STRI 2581 NORTHWEST 59TH STRI 2581 NORTHWEST 59TH STRI	of Florida. Such change was aut tions of, Section 617.0503, Florid P(F), LL and Bile If applicable. (NOTE: F DIRECTORS DELETE EET DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ration submits this statement for the purpose s's board of directors. I hereby accept the ap	a of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addi	2 ition ition
office or registered agent, or both, in the State agentI am familiar with and accept the obligat SIgnature Apped or printed name of registered egen OFFICERS AN E PD E STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, MARVIN E DV E STEINBERG, MARVIN E DV E STEINBERG, MARVIN E DV E STEINBERG, MARVIN E DV E STEINBERG, MARVIN E DV BOCA RATON FL 33496	of Florida. Such change was aut tions of, Section 617.0503, Florid P(F), LL and Bile If applicable. (NOTE: F DIRECTORS DELETE EET DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.4 CITY-ST-ZIP 4.1 TITLE	ration submits this statement for the purpose s's board of directors. I hereby accept the ap	a of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addi	2 ition ition
office or registered agent, or both, in the State agent. I, am familiar with and Scopt the obligat Signature ABC or printed name of registered agen OFFICERS AN PD STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, CONSTANCE 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496	ef Florida. Such change was aut tions of, Section 617,0503, Florid P(F), LL and tile if applicable. (NOTE: F DIRECTORS DELETE EET DELETE EET	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ration submits this statement for the purpose s's board of directors. I hereby accept the ap	AND DIRECTORS IN 12	2 ition ition
office or registered agent, or both, in the State agent. I, am familiar with and accept the obligat INATURE Signature Aped or printed name of registered agent OFFICERS AN STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV STEINBERG, CONSTANCE 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496	ef Florida. Such change was aut tions of, Section 617,0503, Florid P(F), LL and tile if applicable. (NOTE: F DIRECTORS DELETE EET DELETE EET	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.4 CITY-ST-ZIP 4.1 TITLE	ration submits this statement for the purpose s's board of directors. I hereby accept the ap	AND DIRECTORS IN 12	2 ition ition
office or registered agent, or both, in the State agent. I, am familiar with and Societ the obligat Signature ABEd or printed name of registered agen OFFICERS AN PD STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV STEINBERG, CONSTANCE 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496	ef Florida. Such change was aut tions of, Section 617,0503, Florid P(F), LL and tile if applicable. (NOTE: F DIRECTORS DELETE EET DELETE EET	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	ration submits this statement for the purpose s's board of directors. I hereby accept the ap	AND DIRECTORS IN 12	2 ition ition
office or registered agent, or both, in the State agent. I, am familiar with and Eccept the obligat Signature Aged or printed name of registered agent OFFICERS AN PD STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV STEINBERG, CONSTANCE 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496	of Florida. Such change was aut tions of, Section 617.0503, Florid P(F), LL and tile if applicable. (NOTE: F DIRECTORS DELETE EET DELETE EET DELETE EET DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.3 TITLE 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ration submits this statement for the purpose s's board of directors. I hereby accept the ap when reinstating)	AND DIRECTORS IN 12 Change Addi Change Addi Change Addi	2 ition ition
office or registered agent, or both, in the State agent am familiar with and accept the obligat SNATURE Signature Aped or printed name of registered agen OFFICERS AN PD STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, CONSTANCE ET ADDRESS ST-ZIP BOCA RATON FL 33496 DV E STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 E DV E STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 E ST-ZIP BOCA RATON FL 33496 E ST-ZIP	of Florida. Such change was aut tions of, Section 617.0503, Florid P(F), LL and tile if applicable. (NOTE: F DIRECTORS DELETE EET DELETE EET DELETE EET DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	ration submits this statement for the purpose s's board of directors. I hereby accept the ap when reinstating)	AND DIRECTORS IN 12 Change Addi Change Addi Change Addi	2 ition ition
office or registered agent, or both, in the State agent. I am familiar with and accept the obligat SNATURE Signature Aped or printed name of registered agen OFFICERS AN PD STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 E DV E STEINBERG, CONSTANCE ET ADDRESS ST-ZIP BOCA RATON FL 33496 DV E STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 E E E E E E E E E E E E E	of Florida. Such change was aut tions of, Section 617.0503, Florid P(F), LL and tile if applicable. (NOTE: F DIRECTORS DELETE EET DELETE EET DELETE EET DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ration submits this statement for the purpose s's board of directors. I hereby accept the ap when reinstating)	AND DIRECTORS IN 12 Change Addi Change Addi Change Addi	2 ition ition
office or registered agent, or both, in the State agent am familiar with and accept the obligat SNATURE PD SIgnature Aped or printed name of registered agen OFFICERS AN PD STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, CONSTANCE E STEINBERG, CONSTANCE STEINBERG, CONSTANCE STEINBERG, CONSTANCE STEINBERG, MARVIN STEINBERG, MARVIN E STEINBERG, MARVIN STEINBERG, STEINBERG ST-ZIP E E	of Florida. Such change was aut tions of, Section 617.0503, Florid P(F), LL and tile if applicable. (NOTE: F DIRECTORS DELETE EET DELETE EET DELETE EET DELETE DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.3 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ration submits this statement for the purpose s's board of directors. I hereby accept the ap when reinstating)	a of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addi Change Addi Change Addi Change Addi	2 ition ition
office or registered agent, or both, in the State agent.1 am familiar with and accept the obligat SNATURE Signature of registered agent OFFICERS AN E PD E STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 E DV E STEINBERG, CONSTANCE E DV E STEINBERG, CONSTANCE 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 E DV E STEINBERG, MARVIN E STEINBERG, STEINBERG ST-ZIP E E E E E E E E E E E E E E E	of Florida. Such change was aut tions of, Section 617.0503, Florid P(F), LL and tile if applicable. (NOTE: F DIRECTORS DELETE EET DELETE EET DELETE EET DELETE DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ration submits this statement for the purpose s's board of directors. I hereby accept the ap when reinstating)	a of changing its registered pointment as registered AND DIRECTORS IN 12 Change Addi Change Addi Change Addi Change Addi	2 ition ition
office or registered agent, or both, in the State agent. I am familiar with and accept the obligat SNATURE PD E STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, CONSTANCE E DV E STEINBERG, CONSTANCE ST-ZIP BOCA RATON FL 33496 DV E STEINBERG, MARVIN E ST-ZIP E ST-ZIP E STEINBERG, MARVIN E ST-ZIP E ST-ZIP	of Florida. Such change was aut tions of, Section 617.0503, Florid P(C), (NOTE: F and title if applicable. (NOTE: F DIRECTORS DELETE EET DELETE EET DELETE DELETE DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ration submits this statement for the purpose 's board of directors. I hereby accept the ap when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addi Change Addi Change Addi Change Addi Change Addi Change Addi Change Addi	2 ition ition ition
office or registered agent, or both, in the State- agent. I, am familiar with and accept the obligat Signature Appendix or printed name of registered agen OFFICERS AN PD STEINBERG, FRED 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, CONSTANCE 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 DV E STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 E DV E STEINBERG, MARVIN 2581 NORTHWEST 59TH STRI BOCA RATON FL 33496 E ST-ZIP	of Florida. Such change was aut tions of, Section 617.0503, Florid P(F), LL and tile if applicable. (NOTE: F DIRECTORS DELETE EET DELETE EET DELETE DELETE DELETE DELETE DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 STREET ADDRESS 6.4 CITY-ST-ZIP the exemption stated in Set equiter 6.1 STREET ADDRESS 6.4 CITY-ST-ZIP </td <td>ration submits this statement for the purpose 's board of directors. I hereby accept the ap when reinstating) ADDITIONS/CHANGES TO OFFICERS</td> <td>AND DIRECTORS IN 12 Change Addi Change Addi Change Addi Change Addi Change Addi Change Addi Change Addi</td> <td>2 ition ition ition</td>	ration submits this statement for the purpose 's board of directors. I hereby accept the ap when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addi Change Addi Change Addi Change Addi Change Addi Change Addi Change Addi	2 ition ition ition