

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 29, 2008  
Secretary of State

DOCUMENT# N96000001513

Entity Name: RICHARD DAVID KANN MELANOMA TASK FORCE, INC.

**Current Principal Place of Business:**

621 CLEARWATER PARK ROAD  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

621 CLEARWATER PARK ROAD  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 65-0633295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHWARZBERG, STEVEN L  
SCHWARZBERG SPECTOR DUKE & ROGERS, P.L.  
222 LAKEVIEW AVENUE, SUITE 210  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHWARZBERG, DEBORAH  
Address: 222 LAKEVIEW AVENUE SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: SCHWARZBERG, STEVEN L  
Address: 222 LAKEVIEW AVENUE SUITE 210  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: KANN, RACHEL  
Address: 1800 EMBASSY DRIVE, UNIT 117  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: LEIBOVIT, JOANNE  
Address: 110 WELLS ROAD  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: KATZEN, LAWRENCE  
Address: 944 SOUTH EAST ATLANTIC DRIVE  
City-St-Zip: HYPOUXO ISLAND, FL 33462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMIKA PEAY

ED

05/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date