2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000001513

FILED Dec 18, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 621 CLEARWATER PARK ROAD WEST PALM BEACH, FL 33401 US **Current Mailing Address: New Mailing Address:** 621 CLEARWATER PARK ROAD WEST PALM BEACH, FL 33401 US FEI Number: 65-0633295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHWARZBERG, STEVEN L SCHWARZBERG SPECTOR DUKE & ROGERS, P.L. 222 LAKEVIEW AVENUE, SUITE 210 WEST PALM BEACH, FL 33401 US 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: STEVEN SCHWARZBERG Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCHWARZBERG, DEBORAH Name: Name: 222 LAKEVIEW AVENUE SUITE 200 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change () Addition SCHWARZBERG, STEVEN L Name: Name: Address: 222 LAKEVIEW AVENUE SUITE 210 Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change () Addition KANN, RACHEL Name: Name: 1800 EMBASSY DRIVE, UNIT 117 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEIBOVIT, JOANNE Name: Address: 110 WELLS ROAD Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition KATZEN, LAWRENCE Name: Name: 944 SOUTH EAST ATLANTIC DRIVE Address: Address: City-St-Zip: HYPOUXO ISLAND, FL 33462 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: DEBORAH K SCHWARZBERG DIR 12/18/2009