

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90108 008 \*\*\*\*61.25

**DOCUMENT # N97000006846**

1. Entity Name

~~PATIENTS RIGHTS ORGANIZATION OF FLORIDA, INC.~~ *RENAME*  
*HEMLOCK SOCIETY OF FLORIDA, INC.*

Principal Place of Business  
 2900 N COURSE DR  
 #508  
 POMPANO BEACH FL 33369

Mailing Address  
 2900 N COURSE DR  
 #508  
 POMPANO BEACH FL 33369

*-40610*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0799794</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name		Street Address (P.O. Box Number is Not Acceptable)	

**BRICKMAN, HARRY**  
 2900 N COURSE DR  
 #508  
 POMPANO BEACH FL 33369

City **FL** Zip Code

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.

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

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MC IVER, CECIL MD</b>		NAME	<b>MARY HUDSON</b>	
STREET ADDRESS	<b>1350 CYPRESS TRACE DR</b>		STREET ADDRESS	<b>3550 GALT OCEAN PK #1110</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>		CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>	<i>D</i>
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BILLINGS, NAN</b>		NAME	<b>DIANE DWYER</b>	
STREET ADDRESS	<b>847 WEST LAKE DRIVE</b>		STREET ADDRESS	<b>2519 LOUISIANA PL.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>		CITY-ST-ZIP	<b>SUN CITY CTR., FL 33573</b>	<i>D</i>
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERMAN, BILL</b>		NAME	<b>ANNELIES PLAISANT</b>	
STREET ADDRESS	<b>1711 BENT TREE CIRCLE</b>		STREET ADDRESS	<b>3914 NW 37 FL.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>		CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>	<i>D</i>
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>CORRES PONDING SECY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRICKMAN, MYRTLE</b>		NAME	<b>BRICKMAN, MYRTLE</b>	
STREET ADDRESS	<b>2900 N COURSE DR, #508</b>		STREET ADDRESS	<b>2900 N. COURSE DR, #508</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>		CITY-ST-ZIP	<b>POMPANO BEACH, FL 33069</b>	<i>D</i>
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRICKMAN, HARRY</b>		NAME		
STREET ADDRESS	<b>2900 N COURSE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>POMPANO BEACH FL 33369</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SIGNATURE REQUIRED**

Date **4/9/01**

Daytime Phone # **954-968-5879**