

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90096 038 \*\*\*\*13.75  
 03-31-2000 90098 005 \*\*\*117.50

DOCUMENT # N97000006951

1. Entity Name

AMERICAN DYSLEXIA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

407 LINCOLN ROAD  
 APT 12G  
 MIAMI BEACH FL 33139

407 LINCOLN ROAD  
 APT 12G  
 MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

MIAMI BEACH

407 LINCOLN RD # 12G

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI BEACH 12G

12G

City &amp; State

City &amp; State

MIAMI BEACH

MIAMI BEACH FL

Zip

Country

Zip

Country

33139

DADE

33139

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKRBIC, LJUBO  
 407 LINCOLN ROAD  
 APT 12G  
 MIAMI BEACH FL 33139

Name  
PROF LJUBO SKRBIC, M.D.Street Address (P.O. Box Number Is Not Acceptable)  
407 LINCOLN RD # 12GCity  
MIAMI BEACH FL FL Zip Code  
33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTDC  
SKRBIC, LJUBO  
407 LINCOLN ROAD APT 12-E  
MIAMI BEACH FL 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
ROSENBLUM, ROBERT  
407 LINCOLN ROAD APT 12-E  
MIAMI BEACH FL 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TRIKOVSKI, GEORGE  
407 LINCOLN ROAD APT 12-E  
MIAMI BEACH FL 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: 7 SIGNATURE OF PROF LJUBO SKRBIC, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. 5. 2000 305-538-4444

Date

Daytime Phone #

CF2E037 (9/99)