9/13/00-90048-033-$61.25-$61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002001

1. Entity Name

ISRAEL MEDICAL RESEARCH ASSOCIATION USA, INC.

R

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 AM 9:42

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
230 ROYAL PALM WAY. STE.210 PALM BEACH FL 33480	230 ROYAL PALM WAY. STE.210 PALM BEACH FL 33480

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-6218184 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUGH, JOHN HARRISON ESQ.
249 ROYAL PALM WAY, STE.403
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name: Sharon Apple
Street Address (P.O. Box Number is Not Acceptable): 230 Royal Palm Way, Suite 210
City: Palm Beach FL Zip Code: 33480

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: Sharon Apple Director of Development 9/12/00
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
After September 13, 2000 min. will be $236.25

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	Chairman, Regional Scientific Board ☐ Delete	TITLE (D)	Chairman of the Board ☐ Change ☐ Addition
NAME	Neal E. Rothschild, M.D.	NAME	S. David Leibowitz
STREET ADDRESS	The Cancer Institute	STREET ADDRESS	2295 South Ocean Boulevard, #425
CITY-ST-ZIP	1309 North Flagler Drive West Palm Beach, FL 33401	CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	Mrs. Helen G. Hoffman ☐ Delete	TITLE	Assistant Treasurer ☐ Change ☐ Addition
NAME	Vice Chairman of the Board	NAME	Irene G. Ostroff
STREET ADDRESS	150 Bradley Place, #616	STREET ADDRESS	3590 South Ocean Boulevard, #810
CITY-ST-ZIP	Palm Beach, FL 33480	CITY-ST-ZIP	Palm Beach, FL 33480
TITLE (D)	Chairman, Executive Committee ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Arnold S. Hoffman	NAME	
STREET ADDRESS	249 Royal Palm Way, Suite 403	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach, FL 33480	CITY-ST-ZIP	
TITLE	Secretary ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Ruth Metzker	NAME	
STREET ADDRESS	415 Glenbrook Drive	STREET ADDRESS	
CITY-ST-ZIP	Atlantis, FL 33462	CITY-ST-ZIP	
TITLE (D)	Treasurer ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Irving Rom	NAME	
STREET ADDRESS	9800 Breakers West Terrace	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33411	CITY-ST-ZIP	10/22
TITLE	Vice Chairman, Executive Committee ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Peter D. Brown	NAME	
STREET ADDRESS	P.O. Box 2692	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach, FL 33480	CITY-ST-ZIP	

CR2E037 (5/00)

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 REQUIRED Sharon Apple 9/8/00 (561) 832 9277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #