

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004458

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** DOROTHY PORTER WESLEY RESEARCH CENTER, INC.

**Current Principal Place of Business:**

401 E. LAS OLAS BLVD, SUITE 130-346  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

401 E. LAS OLAS BLVD, SUITE 130-346  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 65-0936845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UZELAC, CONI PORTER  
401 EAST LAS OLAS BLVD. STE 130-346  
FORT LAUDERDALE, FL 333011529 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: UZELAC, CONI PORTER  
Address: 401 EAST LAS OLAS BLVD. STE 130-346  
City-St-Zip: FORT LAUDERDALE, FL 333011529

Title: SD ( ) Delete  
Name: ROBINSON, FLETCHER MD  
Address: P.O. BOX 11366  
City-St-Zip: ST. THOMAS, VI 00801

Title: VD ( ) Delete  
Name: KEMPFF, DAWN  
Address: 1511 E COMMERCIAL STE 88  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: TD ( ) Delete  
Name: MCCORMICK, NUCCIA  
Address: 11 HARBOR ISLES  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: T (X) Delete  
Name: MAGUIRE, KELLY  
Address: 2900 BANYAN ST 102  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: ED ( ) Delete  
Name: MILAN UZELAC, EXECUT, IVE DIRECTOR  
Address: 401 E. LAS OLAS BLVD STE 130-346  
City-St-Zip: FORT LAUDERDALE, FL 33301

**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:

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: MILAN UZELAC

ED

03/20/2009

Electronic Signature of Signing Officer or Director

Date