5/16/01-90192-031-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007199

1. Entity Name

TAKE CHARGE ~~AMERICA~~ CURE PARKINSON'S, INC.

FILED
01 JUN 13 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

65667

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3205 S.E. 7TH STREET SUITE 107 POMPANO BEACH FL 33062	3205 S.E. 7TH STREET SUITE 107 POMPANO BEACH FL 33062

2. Principal Place of Business	3. Mailing Address
1489 W. Palmetto Park Rd.	
Suite, Apt. #, etc.: Suite 442	Suite, Apt. #, etc.
City & State: Boca Raton, Florida	City & State
Zip: 33486 Country: USA	Zip Country

4. FEI Number 65-0967819 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANDES, ALISON S 3205 S.E. 7TH STREET SUITE 107 POMPANO BEACH FL 33062	Name Street Address (P.O. Box Number is Not Acceptable) 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 Alison Landes Alison Landes Chair 4/28/01
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	P S LANDES, ALISON 3205 SE 7TH STREET STE 107 POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chair T LANDES, ALISON 3205 SE 7th St. #107 Pompano Beach, FL 33062	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLDEN , KATHRYNNE 455 GOLDEN ISLES DRIVE #306 HALLANDALE FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENES, LYNNE 5646 WELLESLEY PARK #202 BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary T Brenes, Lynne 5646 Wellesley Park #202 Boca Raton, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VILLANTI, JOAN 21230 RAINDANCE LANE BOCA RATON FL 33428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Glenn Berngard, CPA T 6421 Congress Ave Suite 100 Boca Raton, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANDERS, FRAN 22773 MERIDIANA DRIVE BOCA RATON FL 33486	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director T Stuart Isaacson, M.D 801 Meadows Rd. #104 Boca Raton, FL 33486	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROXMEYER, BARBARA 1489 WEST PALMETTO PARK RD BOCA RATON FL 33486	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ed Kaplan, Vice Chair T 6786 Willow Wood Drive Boca Raton, FL 33434	☐ Change ☒ Addition

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: Alison Landes ALISON LANDES 4/28/01 954 785 0551 or 561 620 1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #