

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90029 018 \*\*\*\*\*61.25

**DOCUMENT # N99000007199**

1. Entity Name

TAKE CHARGE! CURE PARKINSONS, INC.



Principal Place of Business

1489 W. PALMETTO PARK ROAD  
SUITE 442  
BOCA RATON, FL 33486

Mailing Address

1489 W. PALMETTO PARK ROAD  
SUITE 442  
BOCA RATON, FL 33486

50065933



07052005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

LANDES, ALISON S  
8749 BELLE AIRE DR  
BOCA RATON, FL 33433

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LANDES, ALISON
STREET ADDRESS	8749 BELLE AIRE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	SD
NAME	BRENES, LYNNE
STREET ADDRESS	5646 WELLESLEY PARK, #202
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	TD
NAME	BERNGARD, GLENN CPA
STREET ADDRESS	6421 CONGRESS AVE., STE. 100
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	Abraham Lieberman, M.D.
NAME	1440 Kennedy Causeway (79th St) #102
STREET ADDRESS	North Bay Village, FL 33141
CITY-ST-ZIP	
TITLE	Ina Lieberman, M.D.
NAME	1440 Kennedy Causeway (79th St) #102
STREET ADDRESS	North Bay Village, FL 33141
CITY-ST-ZIP	
TITLE	Stan Rier
NAME	5353 Grey Birch Lane
STREET ADDRESS	Boynton Beach, FL 33437
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/05

Date

561.488 0095

Daytime Phone #

2005 Not-for-Profit Corporation Annual Report  
Officers and Directors (con't)

ATTACHMENT

Alice Rier  
5353 Grey Birch Lane  
Boynton Beach, FL 33437

50065933  
# N99000007199