

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90123 047 ***150.00

DOCUMENT # P00000085601

1. Entity Name
PARKINSON'S DISEASE RESEARCH CORPORATION



Principal Place of Business
**110 POLLY ROAD
RYE, NY 10580**

Mailing Address
**P O BOX 2179
JACKSONVILLE, FL 32203-2179**

14013404



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1044465

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GVOZDICH, MICHAEL A
13700 SUTTON PARK DR N
STE 1433
JACKSONVILLE, FL 32224**

Name

MICHAEL A. GVOZDICH

Street Address (P.O. Box Number is Not Acceptable)

4551 CAMBRIDGE ROAD

City

JACKSONVILLE

FL

Zip Code

32210

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 **MICHAEL A. GVOZDICH**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DPT**
STREET ADDRESS **OLANOW, C. WARREN**
CITY-ST-ZIP **110 POLLY PARK ROAD
RYE, NY 10580**

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

TITLE ☐ Delete
NAME **DVPS**
STREET ADDRESS **OLANOW, MARIANA**
CITY-ST-ZIP **110 POLLY PARK ROAD
RYE, NY 10580**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04