

SECURE NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE CAN BE BEFORE 8/8/95: \$225 (IF DISSOLVED, ADDITIONAL AMOUNT DUE TO REINSTATE: \$975)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02373 (9)

1. Corporation Name

ROSS UNIVERSITY SCHOOL OF MEDICINE, SCHOOL OF VE
TERNARY MEDICINE LIMITED, INC.

Principal Place of Business

460 WEST 34TH STREET, 12TH FLOOR
NEW YORK NY 10001

Mailing Address

460 WEST 34TH STREET, 12TH FLOOR
NEW YORK NY 10001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/12/1984

3a. Date of Last Report

06/28/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-3037825

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SCHUMANN, DAVID P., M.D.
7329 CORKWOOD TERRACE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81

Name

82

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

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

June 21, 1995

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
CASSIDY, DR. JAMES
460 WEST 34TH STREET
NEW YORK CITY NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
SIMON, NEAL
460 WEST 34TH STREET
NEW YORK CITY NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
ROSS, WARREN
8 BARRY DRIVE
E. NORTHPORT NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
ROSS, ANNE
460 W 34TH ST
NEW YORK CITY NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
ROSS, DR. ROBERT
460 WEST 34TH STREET
NEW YORK CITY NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Deletion

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if employed, or even attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 30, 1995

Date

213-229-5500

Daytime Phone