FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:56

DOCUMENT # **P93000028784 (5)**

1. Corporation Name
MAYER FOUNDATION FOR MEDICAL THERAPIES INC.

Principal Place of Business	Mailing Address
190 N.E. 199TH ST. SUITE 207 N. MIAMI BEACH FL 33179	190 N.E. 199TH ST. SUITE 207 N. MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/19/1993
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0408860 ☐ 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

EMBREE, NORMAN J
1531 NE 15TH AVE.
FT. LAUDERDALE FL 33304

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: /s/ NORMAN J. EMBREE — January 17, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	EMBREE, NORMAN J	1.2 NAME	NORMAN J. EMBREE	
STREET ADDRESS	1531 NE 15 AVE	1.3 STREET ADDRESS	1531 NE 15 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33304-4848	
TITLE		2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		2.2 NAME	MARYELLEN McCOY	
STREET ADDRESS		2.3 STREET ADDRESS	15 WEST WREN CIRCLE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	KETTERING OH 45420	
TITLE		3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		3.2 NAME	JUAN CARLOS RIVERA	
STREET ADDRESS		3.3 STREET ADDRESS	2810 NE 15 TERRACE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE		4.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME		4.2 NAME	NORMAN J. EMBREE	
STREET ADDRESS		4.3 STREET ADDRESS	1531 NE 15 AVENUE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33304-4848	
TITLE		5.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME		5.2 NAME	NORMAN J. EMBREE	
STREET ADDRESS		5.3 STREET ADDRESS	1531 NE 15 AVENUE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33304-4848	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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 changed, or on an attachment with an address.

SIGNATURE: /s/ PRES./SEC./TREAS. — X — X 305-652-6130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NORMAN J. EMBREE

0104714 CP