DOCU 1. Entity Nam		Ma	FILED May 26, 2000 8:00 am Secretary of State				
SALUN S	SCIENCES, CORPORATION				5-26-2000 90039 0		
Principal Place	e of Business	Mailing Address					
2139 UNIVERSIT Suite 1000 Coral Spring	-	2139 UNIVERSITY DR. SUITE 1000 CORAL SPRINGS FL 33071-6134		1 JUL 10 JUL 10 JUL 10			
2. Principal P 1040 Suite, Apt.	w.Palmetto PC	3. Mailing Address	•4		O NOT WRITE IN THIS S	PACE	
City & State		City & State	<u> </u>	4. FE! Number 6!	5-0485350		plied For
	22 Country	Zip Same	Country SAMC	5. Certificate of State		\$8.75 Add ee Required	
<u>-297</u>	6. Name and Address of Current Re			7. Name and Addres	ss of New Registered A	gent	
GOLDSTEIN, RENEE F 2139 UNIVERSITY DR. SUITE 1000				enéc <u>F</u> W.Dalline	201081 +0" 72/14 2	Rd.	#21
CORAL SPRINGS FL 33071				a hator	TEL FL	Zip Code	133
SIGNATURE _	named entity submits this statement for the Signature, typed or printed name of register agent and to pration is eligible to satisfy its Intangible	Istern (NOTE: 6	Agistered office or regination of the signature regination of the signature reginature regination of the signature	in 4 28 C			
Tax filing r	equirement and elects to do so.	Make Check Payable		0 Trust Func State	ampaign Financing I Contribution.	Added	May Be to Fees
11. TITLE	OFFICERS AND DIF		12. TITLE	ADDITIONS/CHAN	GES TO OFFICERS AND	DIRECTORS	
NAME STREET ADDRESS CITY-ST-ZIP	Goldstein, Renee F 2139 University Dr., Suite 1000 Coral Springs FL 33071		NAME STREET ADDRES CITY-ST-ZIP	PMB#	netlo Pan 392		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Bandell, David A 2139 University Dr., Suite 1000	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-> same	hite 334; Change.	Echange 33	Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS FL 33071	- Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>under</u>	Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · ·	Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	. Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
indicated of the cor		ie and accurate and that my ared to execute this report as		he same legal effect as it r	that my name appears in	m an officer	or director