

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000062964 (8)**

1. Corporation Name

METABOLIC DISEASE FOUNDATION, INC.



Principal Place of Business

1880 NE 26TH STREET STE 202
WILTON MANORS FL 33305

Mailing Address

1880 NE 26TH STREET STE 202
WILTON MANORS FL 33305

2. Principal Place of Business

21 **1815 E. Commercial Blvd**

Suite, Apt. #, etc.

22 **105**

City & State

23 **FT. LAUDERDALE, FLA.**

Zip

24 **33308**

Country

25 **BROWARD**

2a. Mailing Address

26 **1815 E. Commercial Blvd.**

Suite, Apt. #, etc.

27 **Suite 105**

City & State

28 **FT. LAUDERDALE, FLA.**

Zip

29 **33308**

Country

30 **BROWARD**

3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

4. FEI Number

65-0600793

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

g. Name and Address of Current Registered Agent

**KETCHAM, MARCELLA M
633 SOUTHEAST THIRD AVENUE STE 4F
FORT LAUDERDALE FL 33301**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CHAPNICK, LINDA	
STREET ADDRESS	1881 NE 26TH STREET STE 206	
CITY-STATE-ZIP	WILTON MANORS FL 33305	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GAY, NORMAN R M.D.	
STREET ADDRESS	1881 NE 26TH STREET STE 206	
CITY-STATE-ZIP	WILTON MANORS FL 33305	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CURTIS D. BENTON, Jr., M.D.	
1.3 STREET ADDRESS	1800 EAST LAS OLAS BLVD.	
1.4 CITY-STATE-ZIP	FT. LAUDERDALE, FL. 33301	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	USHA SETH, M.D.	
2.3 STREET ADDRESS	1815 E. COMMERCIAL BLVD.	
2.4 CITY-STATE-ZIP	FT. LAUDERDALE, FL. 33308	
3.1 TITLE	DIRECTOR, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jonathan J. Chapnick	
3.3 STREET ADDRESS	5631 NE 22 AVE. #5	
3.4 CITY-STATE-ZIP	Fort Lauderdale, FL 33308	
4.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HERBERT PARDELL, D.O.	
4.3 STREET ADDRESS	210 S. Federal Highway, Ste 302	
4.4 CITY-STATE-ZIP	HOLLYWOOD, FL. 33020	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PATRICK ROBERTS, M.D.	
5.3 STREET ADDRESS	1815 EAST COMMERCIAL BLVD.	
5.4 CITY-STATE-ZIP	FT. LAUDERDALE, FL. 33308	
6.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ADRIAN GINOLLI	
6.3 STREET ADDRESS	6041 DUVAL ST.	
6.4 CITY-STATE-ZIP	HOLLYWOOD, FL 33024	

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)(k), 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: *Linda G. Chapnick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 954566-1122
DATE AND FEI NUMBER

CR2E034 (12/95)