

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

06-28-2004 90008 021 \*\*\*150.00

**DOCUMENT # P96000033413**

1. Entity Name  
CYTOCOR, INC.



Principal Place of Business  
2500 SW 17 RD  
BLDG 100, STE 116  
OCALA, FL 34474

Mailing Address  
3201 SOUTHWEST 34TH STREET  
OCALA, FL 34474

54058945



2. Principal Place of Business

3. Mailing Address

10421 University Ctr Dr  
Suite, Apt. #, etc.  
500F

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Suite, Apt. #, etc.  
500F

06182004 Chg-P CR2E034 (10/03)

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number  
59-3370615

Applied For  
Not Applicable

Zip Country  
33612 Hillsborough

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33612 Hillsborough

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, WILLIAM  
2631-A NW 41ST ST  
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

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

City FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LOCKE, D. RUSSELL  
STREET ADDRESS 3201 SOUTHWEST 34TH STREET  
CITY-ST-ZIP Ocala, FL 34474

TITLE D ☐ Delete  
NAME KLIMBERG, IRA W  
STREET ADDRESS 3201 SOUTHWEST 34TH STREET  
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Allen Ira W. Klimberg, M.D.* 6/15/04