

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000044496

FILED
Apr 11, 2003
Secretary of State

Entity Name: SONOMA THERAPY, INC.

Current Principal Place of Business:

1000 E. BROWARD BLVD.
STE. 700
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

1808 SE 7TH STREET
FT. LAUDERDALE, FL 33316 US

Current Mailing Address:

1000 E. BROWARD BLVD.
STE. 700
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

PO BOX 460430
FT. LAUDERDALE, FL 333460430 US

FEI Number: 65-0678677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDINA, CAROL J
1000 E. BROWARD BLVD.
STE. 700
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

ELLEFSSEN, KRISTINE A
1808 SE 7 STREET
FT. LAUDERDALE, FL 33316 US

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.

SIGNATURE: KRISTINE A. ELLEFSSEN

04/11/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, JOHN H
Address: 1000 E. BROWARD BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: S () Delete
Name: ANDERSON, KATHRYN K
Address: 1000 E. BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: V () Delete
Name: ANDERSON, AMANDA C
Address: 1000 E. BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDERSON, JOHN H
Address: 1808 SE 7 STREET
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S (X) Change () Addition
Name: ANDERSON, KATHRYN K
Address: 1808 SE 7 STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: V (X) Change () Addition
Name: ANDERSON, AMANDA C
Address: 1808 SE 7 STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H ANDERSON

P

04/11/2003

Electronic Signature of Signing Officer or Director

Date