

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90003 023 ***150.00

DOCUMENT # P97000069561

1. Corporation Name

LERNER LYMPHEDEMA SERVICES, INC.



Principal Place of Business

12651 W SUNRISE BLVD
SUNRISE FL 33323

Mailing Address

12651 W SUNRISE BLVD
SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0774633

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LERNER, DAVID B
4327 N REFLECTIONS BLVD APT 206
SUNRISE FL 33351

81 Name

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

1460 LANTANA DRIVE

83

84 City

FT. LAUDERDALE

85 Zip Code

FL 33326

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **LERNER, DAVID B**
STREET ADDRESS **4327 N REFLECTIONS BLVD STE 206**
CITY-ST-ZIP **SUNRISE FL 33351**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **1460 LANTANA DRIVE**
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33326**

TITLE **D** ☐ DELETE

NAME **LERNER, ROBERT**
STREET ADDRESS **315 E 65 ST APT 2F**
CITY-ST-ZIP **NEW YORK NY 10021**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **LERNER, CHARLES A**
STREET ADDRESS **P O BOX 145 N/A**
CITY-ST-ZIP **NEW PALTZ NY 12561**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **315 E. 65 ST. APT 2F**
3.4 CITY-ST-ZIP **NEW YORK, NY 10021**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

David Lerner

8/12/99 (954) 846-7855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0069833

610071-90003-23

P97000069541

LERNER LYMPHEDEMA SERVICES, INC.

12651-W. Sunrise Blvd.

Sunrise, FL 33323

August 12, 1999

To Whom it May Concern,

I am writing to you to indicate that we never received the "First Notice" and have no idea where it was sent. We have only received the "Second Notice". I explained this over the phone to your staff and they told me to just let you know this in writing. Therefore, enclosed is the check for the amount agreed upon for the filing.

Many thanks,



David Lerner, Pres.

Lerner Lymphedema Services, Inc.