

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000068613**

1. Entity Name

**BOARDWALK THERAPEUTICS, INC.****FILED**

01 AUG 20 PM 3: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2130 S. UNIVERSITY DR.  
DAVIE FL 33324

Mailing Address

2130 S. UNIVERSITY DR.  
DAVIE FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-0857351**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYER, CRAIG  
2130 S. UNIVERSITY DR.  
DAVIE FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MAYER, CRAIG A</b>	
STREET ADDRESS	<b>561 NW 110TH AVE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SPEARTY, SCOTT M</b>	
STREET ADDRESS	<b>9750 SW 23RD PL</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33324</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

# Professional Business Solutions

The Bottom Line Experts

July 12, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: FEI No. 65-0857351  
Doc. No. P98000068613  
Boardwalk Therapeutics, Inc.  
2130 S. University Drive  
Davie FL 33324

And  
FEI No. 65-0857350  
Doc. No. P98000068925  
Tower Health Center, Inc.  
2130 S. University Drive  
Davie, FL 33324

To Whom It May Concern:

These original 2001 Uniform Business Reports were never received by the officers of this company. We believe that the receptionist, who is no longer employed by them, may not have recognized these reports and thrown them out. Since this is not the first time this has happened they now have their mail forwarded to us, their accountant's office.

Enclosed please find checks for \$150.00 for each company. We hope you will take this situation into consideration and we will not allow this to happen again.

Thank you.

Professional Business Solutions