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2001 UNIFORM BUSINESS REPORT (UF

FILED
Jun 21, 2001 8:00 am
Secretary of State
04-27-2001 90316 045 ***150.00

DOCUMENT # P99000045038

1. Entity Name
INNOVATIVE THERAPIES, INC.

Principal Place of Business	Mailing Address
2033 MAIN STREET,STE.106 SARASOTA FL 34237	2033 MAIN STREET,STE.106 SARASOTA FL 34237

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ~~APPLIED FOR~~ 65-1017745 ☐ 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
PARKER, THEODORE ESQ. 2033 MAIN STREET,STE.106 SARASOTA FL 34237	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 _____ DATE
Signature, typed or printed name of reg stered agent and title if applicable. (NOTE: Reg stered Agent signature required when re sting)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~PARKER, THEODORE ESQ.~~ ~~2033 MAIN STREET,STE.106~~ ~~SARASOTA FL 34237~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BRUCE E WEXLER 2033 MAIN ST, STE 106 SARASOTA FL 34237	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STEVEN P WEXLER 2033 MAIN ST, #106 SARASOTA, FL 34237	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANNA ROE 2033 MAIN ST, #106 SARASOTA, FL 34237	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Bruce E. Wexler BRUCE E. WEXLER 4/20/01 941 365 7789
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — DATE — Daytime Phone #

Attachment 8259

#P9900045035

Department of the Treasury
Internal Revenue Service

ATLANTA, GA 39901

In reply refer to: 0716932347
July 11, 2000 LTR 147C
65-1017745 000000 00 000
01971

INNOVATIVE THERAPIES INC
2033 MAIN ST 106
SARASOTA FL 34237

Employer Identification Number: 65-1017745
IRS Control Number:

Dear Taxpayer:

Your employer identification number (EIN) is 65-1017745. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( )_____ Hours_____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Henry J. Duchemin Jr.

Henry J. Duchemin, Jr.
Chief, Customer Service Branch 2

Enclosure(s):
Copy of this letter