

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90048 001 \*\*\*150.00

DOCUMENT # **V72531**

1. Corporation Name  
**CHOLDERM INC.**

Principal Place of Business

% MITCHELL J. MANDEL  
36 WHITNEY LANE  
BROOKVILLE NY 11545  
US

Mailing Address

% MITCHELL J. MANDEL  
36 WHITNEY LANE  
BROOKVILLE NY 11545  
US

2. Principal Place of Business

21 **1 Polo Drive**

Suite, Apt. #, etc.

City & State

22 **Old Westbury, NY**

Zip

**11568**

Country  
**USA**

2a. Mailing Address

26 **1 Polo Drive**

Suite, Apt. #, etc.

City & State

27 **Old Westbury, NY**

Zip

**11568**

Country  
**USA**

9. Name and Address of Current Registered Agent

GROSS, GAIL  
7735 NW 79TH AVE  
APT - 311  
TAMARAC FL 33321

3. Date Incorporated or Qualified

**10/09/1992**

4. FEI Number

**65-0366236**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

**GAIL GROSS**

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

**MARRIOTT STRATFORD Court**

83

**6343 VIA de Sonrisa del Sur, #255**

84 City

**Boca Raton**

FL

85 Zip Code

**33433**

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

**GAIL GROSS**

**Gail Gross**

**4/1/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

CEO ☐ DELETE

MANDEL, MITCHELL J M.D.

36 WHITNEY LANE

BROOKVILLE NY 11545

☐ DELETE

VIACHTER, DAVID S

20 EAST 74TH ST., APT. 3A

NEW YORK NY

☐ DELETE

LAFF, CHARLES A

1048 WEST WEBSTER AVE.

CHICAGO IL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**CEO, Director**

☒ Change

☐ Addition

1.2 NAME

**Mitchell J. MANDEL, M.D.**

1.3 STREET ADDRESS

**1 Polo Drive**

1.4 CITY-ST-ZIP

**Old Westbury, NY 11568**

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**Mitchell J. Mandel, M.D.**  
**CEO**

**4/1/99** **917-553-8940**

Date

Daytime Phone #

CR2E034 (11/98)