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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45708** (7)

1. Corporation Name

JOINT CENTER FOR ADVANCED THERAPY & BIOMEDICAL RESEARCH OF FLORIDA INSTITUTE OF TECHNOLOGY AND H

Principal Place of Business

Mailing Address

% DR. GORDON NELSON
150 W. UNIVERSITY BLVD
MELBOURNE FL 32901

% DR. GORDON NELSON
150 W. UNIVERSITY BLVD
MELBOURNE FL 32901-6962



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1991		3a. Date of Last Report 09/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3132111		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, GORDON L
2283 HAMLET DRIVE
MELBOURNE FL 32934

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOLEY, MICHAEL J.	Webbe, Frank		1.2 NAME			
STREET ADDRESS	1250 CEDAR LANE	1687 Henley Road		1.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL	Palm Bay, Florida		1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCCLURE, JOSEPH A.	Babich, Michael		2.2 NAME			
STREET ADDRESS	729 HUMMINGBIRD DR	822 Hawksbill Is.		2.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL	Satellite Beach, FL		2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	UNGER, PAT B	Nelson, Gordon		3.2 NAME			
STREET ADDRESS	1281 SO HICKORY STR	2283 Hamlet Drive		3.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL	Melbourne, Florida		3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ENRIQUEZ, PABLO	Noonan, Norine		4.2 NAME			
STREET ADDRESS	1341 SO HICKORY STR	240 Grassmere Dr.		4.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL	West Melbourne, FL.		4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KELLER, I. BASIL	Wells. Gary		5.2 NAME			
STREET ADDRESS	603 ATLANTIC STREET	2609 Reed Avenue		5.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH FL	Melbourne, FL.		5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATEL, JASJAI	Newman, Richard		6.2 NAME			
STREET ADDRESS	2300 TIMBERLINE DRIVE	791 Pembroke Ave		6.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL	Palm Bay, FL.		6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied in this report 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gordon Nelson*

CR2E037 (9/96)