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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N45708					
1. Corporation Name JOINT CENTER FOR ADVANCED THERAPY & BIOMEDICAL RESEARCH OF FLORIDA INSTITUTE OF TECHNOLOGY AND H					
Principal Place of Business % DR. GORDON NELSON 150 W. UNIVERSITY BLVD MELBOURNE FL 32901			Mailing Address % DR. GORDON NELSON 150 W. UNIVERSITY BLVD MELBOURNE FL 32901		



2. Principal Place of Business 21 Carol L. Philpot		2a. Mailing Address 26 % Carol L. Philpot		3. Date Incorporated or Qualified 10/21/1991	
Suite, Apt. #, etc. 22 150 W. University Blvd.		Suite, Apt. #, etc. 27 150 W. Univeristy Blvd.		4. FEI Number 59-3132111	
City & State 23 Melbourne, FL 32901		City & State 28 Melbourne, FL 32901		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32901		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent NELSON, GORDON L 2283 HAMLET DRIVE MELBOURNE FL 32934				10. Name and Address of New Registered Agent 81 Name Carol L. Philpot 82 Street Address (P.O. Box Number is Not Acceptable) 83 405 Hwy A1A Unit 342 84 City Satellite Beach FL 85 Zip Code 32937			
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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 Carol L. Philpot, Secretary DATE 3/15/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEBBE, FRANK			1.2 NAME			
STREET ADDRESS	1687 HENLEY ROAD			1.3 STREET ADDRESS	Palm Bay, FL 32907		
CITY-ST-ZIP	PALM BAY FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BABICH, MICHAEL			2.2 NAME			
STREET ADDRESS	822 HAWKSBILL IS			2.3 STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NELSON, GORDON			3.2 NAME	Philpot, Carol L.		
STREET ADDRESS	2283 HAMLET DRIVE			3.3 STREET ADDRESS	405 Hwy A1A Unit 342		
CITY-ST-ZIP	MELBOURNE FL 32934			3.4 CITY-ST-ZIP	Satellite Beach, FL 32937		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NOONAN, NORINE			4.2 NAME	Thursby, Michael		
STREET ADDRESS	2480 GRASSMERE DR			4.3 STREET ADDRESS	820 Ender Avenue		
CITY-ST-ZIP	WEST MELBOURNE FL 32904			4.4 CITY-ST-ZIP	Palm Bay, FL 32907		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WELLS, GARY			5.2 NAME			
STREET ADDRESS	2609 REED AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32901			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NEWMAN, RICHARD			6.2 NAME			
STREET ADDRESS	791 PEMBROKE AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32907			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 617, 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: Carol L. Philpot SIGNATURE REQUIRED

3/17/99 407-674-8192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

N45708
447843-90190-6

Nonprofit Corporation Annual Report - 1999
Document #N45708

Joint Center for Advanced Therapy & Biomedical Research of
Florida Institute of Technology and Holmes Regional Medical Center

Addendum -- 13. Additions/changes to officers and directors in 12.

D
Bunker, Stephen P.
538 Narragansett St., NE
Palm Bay, FL 32907

D
Keller, I. Basil
1007 Beverly Drive
Rockledge, FL 32955

D
McClure, Joseph A.
200 E. Sheridan
Melbourne, FL 32901

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Enriquez, Pablo
Suite 102 - 1341 S. Hickory St.
Melbourne, FL 32901

D
Patel, Jasjbai
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Melbourne, FL 32101

D.
Warden, William
1350 S. Hickory St.
Melbourne, FL 32101