

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT****FILED  
Nov 03, 2004  
Secretary of State**

DOCUMENT# N45708

**Entity Name:** JOINT CENTER FOR ADVANCED THERAPY & BIOMEDICAL RESEARCH OF FLORIDA INSTITUTE OF TECHNOLOGY AND HOLMES REGIONAL MEDICAL CENTER CORP.**Current Principal Place of Business:**150 W. UNIVERSITY BLVD  
MELBOURNE, FL 32901**New Principal Place of Business:**150 W. UNIVERSITY BLVD  
SCHOOL OF PSYCHOLOGY  
MELBOURNE, FL 32901**Current Mailing Address:**150 W. UNIVERSITY BLVD  
150 W. UNIVERSITY BLVD  
MELBOURNE, FL 32901**New Mailing Address:**150 W. UNIVERSITY BLVD  
SCHOOL OF PSYCHOLOGY  
MELBOURNE, FL 32901**FEI Number:** 59-3132111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**KENKEL, MARY BETH  
1200 OLD PERSONAGE DRIVE  
MERRITT ISLAND, FL 32952 US**Name and Address of New Registered Agent:**KENKEL, MARY BETH  
1200 OLD PARSONAGE DRIVE  
MERRITT ISLAND, FL 32952 US

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: MARY BETH KENKEL

11/03/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** WEBBE, FRANK  
**Address:** 1687 HENLEY ROAD  
**City-St-Zip:** PALM BAY, FL 32907**Title:** D ( ) Delete  
**Name:** BABICH, MICHAEL  
**Address:** 822 HAWKSBILL IS  
**City-St-Zip:** SATELLITE BEACH, FL 32937**Title:** D ( ) Delete  
**Name:** IMAMI, EMRAN DR  
**Address:** 1350 S HICKORY STREET  
**City-St-Zip:** MELBOURNE, FL 32901**Title:** D ( ) Delete  
**Name:** KELLER, BASIL I DR  
**Address:** 6500 1ST STREET  
**City-St-Zip:** VERO BEACH, FL 32960**Title:** D ( ) Delete  
**Name:** WELLS, GARY  
**Address:** 2609 REED AVENUE  
**City-St-Zip:** MELBOURNE, FL 32901**Title:** D ( ) Delete  
**Name:** NEWMAN, RICHARD  
**Address:** 791 PEMBROKE AVENUE  
**City-St-Zip:** PALM BAY, FL 32907**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY BETH KENKEL

D

11/03/2004

Electronic Signature of Signing Officer or Director

Date