

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45708

FILED  
Jan 27, 2006  
Secretary of State

**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  
SCHOOL OF PSYCHOLOGY  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

150 W. UNIVERSITY BLVD  
SCHOOL OF PSYCHOLOGY  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 59-3132111      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENKEL, MARY BETH  
1200 OLD PARSONAGE DRIVE  
MERRITT ISLAND, FL 32952      US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WEBBE, FRANK DR  
Address: 1687 HENLEY ROAD  
City-St-Zip: PALM BAY, FL 32907

Title: D      ( ) Delete  
Name: MITRA, KUNAL DR  
Address: 6042 NEWBURY CR.  
City-St-Zip: MELBOURNE, FL 32940

Title: D      ( ) Delete  
Name: KENKEL, MARY BETH DR  
Address: 1200 OLD PARSONAGE DR.  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D      ( ) Delete  
Name: DUNN, KELLEY I DR  
Address: 1696 W. HIBISCUS BLVD.  
City-St-Zip: MELBOURNE, FL 32901

Title: D      ( ) Delete  
Name: LAIRD, ROSEMARY DR  
Address: 701 W. COCOA BEACH CAUSEWAY  
City-St-Zip: COCOA BEACH, FL 32931

Title: D      ( ) Delete  
Name: NEWMAN, RICHARD DR  
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 Chapter 119, 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

01/27/2006

Electronic Signature of Signing Officer or Director

Date