

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006442

FILED  
Jan 24, 2011  
Secretary of State

**Entity Name:** SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

6400 SANGER ROAD  
ORLANDO, FL 32827

**New Principal Place of Business:**

**Current Mailing Address:**

6400 SANGER ROAD  
ORLANDO, FL 32827

**New Mailing Address:**

**FEI Number:** 51-0197108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOLLAR, MICHAEL D VP  
6400 SANGER ROAD  
ORLANDO, FL 32827 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:** C  
**Name:** LUCIER, GREG CHAIRMN  
**Address:** 10901 NORTH TORREY PINES ROAD  
**City-St-Zip:** LA JOLLA, CA 92037

**Title:** CEO  
**Name:** REED, M.D. PH.D, JOHN C CEO  
**Address:** 10901 NORTH TORREY PINES ROAD  
**City-St-Zip:** LA JOLLA, CA 92037

**Title:** PRES  
**Name:** VUORI, M.D. PH.D, KRISTINA PRES  
**Address:** 10901 NORTH TORREY PINES ROAD  
**City-St-Zip:** LA JOLLA, CA 92037

**Title:** CAO  
**Name:** RAISL, ED.D, GARY CAO,CFO  
**Address:** 10901 NORTH TORREY PINES ROAD  
**City-St-Zip:** LA JOLLA, CA 92037

**Title:** S  
**Name:** DUNBAR, MARGARET SCRTARY  
**Address:** 6400 SANGER ROAD  
**City-St-Zip:** ORLANDO, FL 32827

**Title:** VP  
**Name:** DOLLAR, MICHAEL VP FIN  
**Address:** 6400 SANGER ROAD  
**City-St-Zip:** ORLANDO, FL 32827

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL DOLLAR

VP

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date