

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007565

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC7502657325**

**Entity Name:** THE CENTER FOR LIFE SCIENCE EXCELLENCE, INC.

**Current Principal Place of Business:**

1800 2ND STREET SUITE 892  
SARASOTA, FL 34236

**Current Mailing Address:**

1800 2ND STREET SUITE 892  
SARASOTA, FL 34236

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CHAPMAN, JOHN  
1515 RINGLING BLVD, STE 870  
SARASOTA, FL 34236 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name COGAN, CHRISTOPHER G  
Address 1800 2ND STREET  
SUITE 892  
City-State-Zip: SARASOTA FL 34236

Title D  
Name BARTNER, ROBERT G  
Address 1800 2ND STREET  
SUITE 892  
City-State-Zip: SARASOTA FL 34236

Title D  
Name VERNON, RUSSELL  
Address 1800 2ND STREET  
SUITE 892  
City-State-Zip: SARASOTA FL 34236

*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: CHRISTOPHER COGAN**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date