2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

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Entity Name: IMMUNOSITE TECHNOLOGIES, LLC

Current Principal Place of Business:

600 N.E. 3RD AVE.
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

600 N.E. 3RD AVE.
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 27-0806703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLEMAN, WILLIAM T ESQ.
BRINKLEY, MORGAN, SOLOMON, TATUM, STANLEY
& LUNNY LLP 200 E. LAS OLAS BLVD. STE 1900
FT. LAUDERDALE, FL 33301 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

MANAGING MEMBERS/MANAGERS:

Title: CEO
Name: BOLTON, WADE E PH.D.
Address: 600 N.E. 3RD AVE.
City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: COO
Name: APARICIO, CARLOS L PH.D.
Address: 600 N.E. 3RD AVE.
City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: VP
Name: D'COSTA, SYBIL S PH.D.
Address: 600 NE 3RD AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: CIO
Name: WILKINSON, JULIE G M.S.
Address: 600 NE 3RD AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: VP
Name: MUNOZ-ANTONI, ILEANA
Address: 600 NE 3RD AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: CMO
Name: RABELLINO, ENRIQUE M M.D.
Address: 600 NE 3RD AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: WADE E. BOLTON CEO 03/30/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date