2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State
04-30-2004 90345 013 ****70.00

DOCUMENT # N02000008021

1. Entity Name
INFECTIOUS DISEASE RESEARCH INSTITUTE INC.

66426341

Principal Place of Business	Mailing Address
1411 N. FLAGLER DRIVE SUITE 9000 WEST PALM BEACH, FL 33401	1411 N. FLAGLER DRIVE SUITE 9000 WEST PALM BEACH, FL 33401

04042004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 01-0770815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSIYEMI, OLAYEMI M.D. 1411 N. FLAGLER DRIVE SUITE 9000 WEST PALM BEACH, FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT OSIYEMI, OLAYEMI M.D. 1411 N. FLAGLER DRIVE SUITE 9000 WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNCAN-OSIYEMI, VALERIE 1411 N. FLAGLER DRIVE SUITE 9000 WEST PALM BEACH, FL 33401	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER OSIYEMI, VALERIE 1411 N. Flagler drive Suite 9000 West Palm Beach, FL 33401 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AFOLABI, ALADE 15181 N.W. 1ST STREET PEMBROKE PINES, FL 33028	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECRETARY CHRISTIANI, WANDA 3320 N.W. 188TH STREET MIAMI, FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition GRETA CHIN-M.D. 927 45th St Suite 205 West Palm Beach, FL 33407 delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ROGER DUNCAN M.D 1411 N. Flagler drive Suite 9000 West Palm Beach, FL 33401 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEBRA JONES M.D. 927 45th St Suite 304 West Palm Beach, FL 33407 ☐ Change ☑ Addition delete

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Olayemi MD OLAYEMI OSIYEMI M.D 4/11/4 (561)832-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #