2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2005
Secretary of State

DOCUMENT# N02000008021

Entity Name: INFECTIOUS DISEASE RESEARCH INSTITUTE INC.

Current Principal Place of Business:

1411 N. FLAGLER DRIVE
SUITE 9000
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1411 N. FLAGLER DRIVE
SUITE 9000
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 01-0770815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OSIYEMI, OLAYEMI M.D.
1411 N. FLAGLER DRIVE
SUITE 9000
WEST PALM BEACH, FL 33401 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: DP ( ) Delete
Name: OSIYEMI, OLAYEMI M.D.
Address: 1411 N. FLAGLER DRIVE SUITE 9000
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete
Name: OSIYEMI, VALERIE
Address: 1411 N. FLAGLER DRIVE SUITE 9000
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP ( ) Delete
Name: DUNCAN, ROGER MD
Address: 1411 N. FLAGLER DR., SUITE 9000
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DS ( ) Delete
Name: CHRISTIANI, WANDA
Address: 3320 N.W. 188TH STREET
City-St-Zip: MIAMI, FL 33056

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OLAYEMI OSIYEMI PRES 09/04/2005

Electronic Signature of Signing Officer or Director — Date