2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003027

Apr 23, 2007 Secretary of State

Entity Name: JOHNNIE B. BYRD, SR. ALZHEIMER'S CENTER AND RESEARCH INSTITUTE, INC.

Current Principal Place of Business: New Principal Place of Business:

15310 AMBERLY DRIVE

SUITE 320

TAMPA, FL 33647 **Current Mailing Address:**

New Mailing Address:

TAMPA, FL 33613

15310 AMBERLY DRIVE

SUITE 320 TAMPA, FL 33647 US 4001 EAST FLETCHER AVENUE US

4001 EAST FLETCHER AVENUE

TAMPA, FL 33613

FEI Number: 72-1556975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HARRIS, KATHY C 15310 AMBERLY DRIVE SUITE 320

TAMPA, FL 33647 US

HO-PEHLING, LILLY 4001 EAST FLETCHER AVENUE TAMPA, FL 33613

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: LILLY HO-PEHLING 04/23/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete Name:

RAULERSON, DANIEL D.C.P.A. HARRIS, KATHY C ESQ Name: 101 EAST MAHONEY STREET Address: 601 EAST KENNEDY BOULEVARD, 16TH FLOOR Address:

City-St-Zip: PLANT CITY, FL 33563 US City-St-Zip: TAMPA, FL 33602

Title: () Delete Title: (X) Change () Addition D. HOWARD, STITZEL III Name: STITZEL III, D HOWARD ESQ Name: Address: 206 N COLLINS STREET Address: 206 NORTH COLLINS STREET City-St-Zip: PLANT CITY, FL 33563 US City-St-Zip: PLANT CITY, FL 33563 US

Title: () Delete Title: (X) Change () Addition BYRD, JOHNNIE B JR. BYRD, JR, JOHNNIE B JR. Name: Name:

121 N. COLLINS STREET, SUITE 202 206 NORTH COLLINS STREET Address: Address: City-St-Zip: PLANT CITY, FL 33563 US City-St-Zip: PLANT CITY, FL 33563 US

Title: () Delete Title: (X) Change () Addition Name: COBB, PHYLLIS Name: BARRON, TERRI JO ESQ

SAR, MEM, HOS, 761 JOHN RINGLING BV., U A5 3017 SAWGRASS CIRCLE Address: Address:

TALLAHASSEE, FL 32309 City-St-Zip: SARASOTA, FL 34236 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition CONKLIN, THOMAS R CONKLIN, THOMAS R ESQ Name: Name: 1133 FOURTH ST., SUITE 200 2 NORTH TAMIAMI TRAI, SUITE 506 Address: Address:

SARASOTA, FL 34236 US City-St-Zip: SARASOTA, FL 34236 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition WEPPLER, MARGE POTTER, HUNTINGTON PH.D. Name: Name: Address: 6651 OAKBROOK CIRCLE Address: 4001 EAST FLETCHER AVENUE

TAMPA, FL 33613 BRADENTON, FL 34202 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS R. CONKLIN. ESQ. C 04/23/2007