2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N06000005872

Entity Name: THE FLORIDA CONSORTIUM FOR BIOMEDICAL RESEARCH, INC.

Current Principal Place of Business:

ATT. JULIE A.S. WILLIAMSON
ONE SE THIRD AVE STE 2800
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

ATT. JULIE A.S. WILLIAMSON
ONE SE THIRD AVE STE 2800
MIAMI, FL 33131

New Mailing Address:

FEI Number: 84-1712025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN INFORMATIONAL SERVICES, INC.
ONE SE THIRD AVE STE 2800
MIAMI, FL 33131 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: RUDICH, API A DIR
Address: 780 FISHERMAN STREET, SUITE 334
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Change (X) Addition
Name: MEEK, CARRIE DIR
Address: 780 FISHERMAN STREET, SUITE 334
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Change (X) Addition
Name: DOUGLAS, FRANK DIR
Address: 780 FISHERMAN STREET, SUITE 334
City-St-Zip: OPA LOCKA, FL

Title: D ( ) Change (X) Addition
Name: PADRON, EDUARDO J DIR
Address: 780 FISHERMAN STREET, SUITE 334
City-St-Zip: OPA LOCKA, FL

Title: D ( ) Change (X) Addition
Name: PHILLIPS, WINFRED M DIR
Address: 780 FISHERMAN STREET, SUITE 334
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify 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: API RUDICH D 04/25/2007

Electronic Signature of Signing Officer or Director — Date