2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N08000002511

Entity Name: OREGON HEALTH AND SCIENCE UNIVERSITY VACCINE AND GENE THERAPY INSTITUTE FLORIDA CORP.

Current Principal Place of Business:

11380 PROSPERITY FARMS ROAD SUITE 221 EAST
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

11350 SW VILLAGE PARKWAY
3RD FLOOR
PORT ST. LUCIE, FL 34987

Current Mailing Address:

11380 PROSPERITY FARMS ROAD SUITE 221 EAST
PALM BEACH GARDENS, FL 33410

New Mailing Address:

11350 SW VILLAGE PARKWAY
3RD FLOOR
PORT ST. LUCIE, FL 34987

FEI Number: 36-4631835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS, INC.
11380 PROSPERITY FARMS ROAD SUITE 221 EAST
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

WILLIAMS, MARK B COO
11350 SW VILLAGE PARKWAY
3RD FLOOR
PORT ST. LUCIE, FL 34987 US

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: MARK B. WILLIAMS 02/17/2009
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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. ( ) Change (X) Addition
Name: DORSA, DANIEL M PRES
Address: 3181 SW SAM JACKSON PARK ROAD
City-St-Zip: PORTLAND, OR 97239

Title: DR. ( ) Change (X) Addition
Name: NELSON, JAY A DIR
Address: 3181 SW SAM JACKSON PARK ROAD
City-St-Zip: PORTLAND, OR 97239

Title: MRS. ( ) Change (X) Addition
Name: WILLIAMS, MARK B COO
Address: 11350 SW VILLAGE PARKWAY
City-St-Zip: PORT ST. LUCIE, FL 34987

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: MARK B. WILLIAMS COO 02/17/2009
Electronic Signature of Signing Officer or Director Date