2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

DOCUMENT# N08000002511

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

WILLIAMS, MARK B COO
11350 SW VILLAGE PARKWAY
3RD FLOOR
PORT ST. LUCIE, FL 34987 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: DR.
Name: DORSA, DANIEL M PRES
Address: 3181 SW SAM JACKSON PARK ROAD
City-St-Zip: PORTLAND, OR 97239

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

Title: MR.
Name: WILLIAMS, MARK B COO
Address: 11350 SW VILLAGE PARKWAY
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: DR.
Name: SEKALY, RAFICK CSO
Address: 11350 SW VILLAGE PARKWAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: MR.
Name: PEARCE, CHRIS CFO
Address: 11350 SW VILLAGE PARKWAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: MR.
Name: CANTLIN, RICHARD S
Address: 11350 SW VILLAGE PARKWAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

I hereby 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 all other like empowered.

SIGNATURE: CHRIS PEARCE CFO 01/07/2010
Electronic Signature of Signing Officer or Director Date

N08000002511
1-7-10

From: Chris Pearce [mailto:pearce@ohsu.edu]
Sent: Thursday, January 07, 2010 12:35 PM
To: corphelp
Subject: 2010 Annual Report

To whom it may concern,

The 2010 Annual report for Oregon Health and Science University Vaccine and Gene Therapy Institute Florida Corp was filed on 1/7/2010 and we have additional officers/directors that need to be added. The document number is N08000002511. They are as follows:

Mr. Jay Levy, D
11350 SW Village Parkway
Port Saint Lucie, FL 34987

And

Mr. Mark Edlen, D
11350 SW Village Parkway
Port Saint Lucie, FL 34987

Christopher Pearce
Finance Director
VGTI - Florida
11350 SW Village Pkwy - Third Floor
Port Saint Lucie, FL 34987
☎ (772) 345-4797 fax: (772)345-3675 /
cell: (772) 342-4172
email: pearce@ohsu.edu