

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 17, 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: 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: MARK B. WILLIAMS

COO

11/17/2010

Electronic Signature of Signing Officer or Director

Date