

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002511

FILED
Jan 05, 2012
Secretary of State

Entity Name: VACCINE AND GENE THERAPY INSTITUTE OF FLORIDA CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

9801 SW DISCOVERY WAY
PORT ST. LUCIE, FL 34987

Current Mailing Address:

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

New Mailing Address:

9801 SW DISCOVERY WAY
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:

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

Name and Address of New Registered Agent:

WILLIAMS, MARK B COO
9801 SW DISCOVERY WAY
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:

01/05/2012

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: 9801 SW DISCOVERY WAY
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: DR.
Name: SEKALY, RAFICK CSO
Address: 9801 SW DISCOVERY WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: MR.
Name: CANTLIN, RICHARD S
Address: 9801 SW DISCOVERY WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: MR.
Name: MITCHELL, THOMAS CFO
Address: 9801 SW DISCOVERY WAY
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: THOMAS MITCHELL

CFO

01/05/2012

Electronic Signature of Signing Officer or Director

Date