

# 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