

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000004148

FILED
Aug 28, 2014
Secretary of State

Entity Name: THE SILVER ZEBRA RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

8550 TOUCHTON ROAD EAST
UNIT 217
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

4446 HENDRICKS AVE, STE 217
JACKSONVILLE, FL 32207

Current Mailing Address:

8550 TOUCHTON ROAD EAST
UNIT 217
JACKSONVILLE, FL 32216 US

New Mailing Address:

4446 HENDRICKS AVE, STE 217
JACKSONVILLE, FL 32207

FEI Number: 26-2679171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICE, SCOTT W MD
8550 TOUCHTON ROAD EAST
UNIT 217
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

RICE, SCOTT W MD
4446 HENDRICKS AVE, STE 217
JACKSONVILLE, FL 32207

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: SCOTT W. RICE, M.D.

08/28/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: RICE, JUSIL L MBA, RN
Address: 4446 HENDRICKS AVE, STE 217
City-St-Zip: JACKSONVILLE, FL 32207

Title: PTSD
Name: RICE, SCOTT W M.D.
Address: 4446 HENDRICKS AVE, STE 217
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: TORRETIJO, SYLVIA L R.N.
Address: 11603 COLLINS CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: D
Name: HOU, ZHEN MD
Address: 2726 ST. JOHNS AVENUE SUITE 103
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D
Name: GOROSPE, WILLIAM C MD PH.D
Address: 3599 UNIVERSITY BLVD SOUTH, SUITE 504
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D
Name: GUTHRIE, TROY MD
Address: 1235 SAN MARCO BOULEVARD SUITE 3
City-St-Zip: JACKSONVILLE, FL 32207 FL

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: SCOTT W. RICE, M.D.

PTSD

08/28/2014

Electronic Signature of Signing Officer or Director

Date