2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# N09000009250

Entity Name: DZUGAN INSTITUTE FOR RESTORATIVE MEDICINE, INC.

Current Principal Place of Business:

301 CLEMATIS ST., SUITE 3000
W. PALM BCH, FL 33401

New Principal Place of Business:

Current Mailing Address:

301 CLEMATIS ST., SUITE 3000
W. PALM BCH, FL 33401

New Mailing Address:

FEI Number: 27-1314052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: D
Name: DZUGAN, SERGEY A
Address: 301 CLEMATIS ST., SUITE 3000
City-St-Zip: W. PALM BCH, FL 33401

Title: D
Name: ROZAKIS, GEORGE W
Address: 301 CLEMATIS ST., SUITE 3000
City-St-Zip: W. PALM BCH, FL 33401

Title: D
Name: HILES, PETER P
Address: 301 CLEMATIS ST., SUITE 3000
City-St-Zip: W. PALM BCH, FL 33401

Title: D
Name: FLANAGAN, JOHN T
Address: 301 CLEMATIS ST., SUITE 3000
City-St-Zip: W. PALM BCH, FL 33401

Title: D
Name: ELLIS, ARTHUR
Address: 301 CLEMATIS ST., SUITE 3000
City-St-Zip: W. PALM BCH, FL 33401

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: PETER HILES D 04/29/2011

Electronic Signature of Signing Officer or Director Date