FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14448

1. Corporation Name
THE REED INSTITUTE FOR MEDICAL RESEARCH, INC.
C/O BRIAN J. GILLER
975 41ST ST.
MIAMI BEACH, FL 33140-3329

Principal Place of Business / Mailing Address
SAME

3. Date Incorporated or Qualified: 4/17/1986
3a. Date of Last Report: APRIL 1995

2. Principal Place of Business
21 1015 W 47TH ST.
22 Suite, Apt # etc
23 City & State: MIAMI BEACH, FL
24 Zip: 33140
25 Country

2a. Mailing Address
26 SAME
27 Suite, Apt #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: 59-265 7799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GILLER, BRIAN J.
975 41ST ST.
MIAMI BEACH, FL 33140

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ____________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	☐ DELETE
NAME	KINNEY, EVLIN	
STREET ADDRESS	1015 W 47TH ST.	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	DIRECTOR	☐ DELETE
NAME	WRIGHT, ROBERT J. II	
STREET ADDRESS	1015 W 47TH ST	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	DIRECTOR	☐ DELETE
NAME	WRIGHT, JEFFREY M.	
STREET ADDRESS	23529 POCAHONTAS RD.	
CITY-ST-ZIP	GAITHERSBURG, MD	
TITLE	DIRECTOR	☐ DELETE
NAME	HUGHES PAMELA S.	
STREET ADDRESS	4726 36ST. NW	
CITY-ST-ZIP	WASHINGTON, D.C.	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	100001847241	☐ Change ☐ Addition
6.2 NAME	-06/03/96--01022--005	
6.3 STREET ADDRESS	***400.00	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ROBERT J. WRIGHT II April 28, 1996 305/531-5388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR