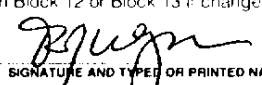


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N14448			
1. Corporation Name THE REED INSTITUTE FOR MEDICAL RESEARCH, INC. 40 BRIAN J. GILLER 975 4th ST. MIAMI BEACH, FL 33140-3329			
Principal Place of Business SAME		Mailing Address SAME	
2. Principal Place of Business 21 1015 W 47TH ST. Suite, Apt # etc		2a. Mailing Address 26 SAME Suite, Apt # etc	
22 City & State 23 MIAMI BEACH, FL		27 City & State 28	
24 Zip 33140		29 Zip 30	
25 Country		30 Country	
3. Date Incorporated or Qualified 4/17/1986		3a. Date of Last Report APRIL 1995	
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 4th 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 Signature of Registered Agent (If Registered Agent is not the Secretary, the name of the Registered Agent must be typed and the name of the Secretary must be typed.) Name: _____ Date: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DIRECTOR ☐ DELETE NAME KINNEY, EULIN STREET ADDRESS 1015 W 47TH ST. CITY, ST, ZIP MIAMI BEACH, FL 33140		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	
TITLE DIRECTOR ☐ DELETE NAME WRIGHT, ROBERT J. II STREET ADDRESS 1015 W 47TH ST CITY, ST, ZIP MIAMI BEACH, FL 33140		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	
TITLE DIRECTOR ☐ DELETE NAME WRIGHT, JEFFREY M. STREET ADDRESS 23529 POCAHONTAS RD. CITY, ST, ZIP CATHERSBURG, MD		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	
TITLE DIRECTOR ☐ DELETE NAME HUGHES, PAMELA S. STREET ADDRESS 4926 36th ST. NW CITY, ST, ZIP WASHINGTON, D.C.		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	
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.		100001847241 -06/03/96--01022--005 ***400.00	
SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		ROBERT J. WRIGHT II April 28, 1996 305/531-5388	

CR2E034 (12/95)