

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N14448** (7)  
1. Corporation Name  
**THE REED INSTITUTE FOR MEDICAL RESEARCH, INC.**



|  |                      |  |                      |
|--|----------------------|--|----------------------|
| Principal Place of Business<br><b>1015 W 47TH ST.<br/>MIAMI BEACH FL 33140</b>   |                      | Mailing Address<br><b>1015 W 47TH ST.<br/>MIAMI BEACH FL 33140</b> |                      |
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.  |                      | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.               |                      |
| City & State<br><b>23</b>  |                      | City & State<br><b>28</b>  |                      |
| Zip<br><b>24</b>   | Country<br><b>25</b> | Zip<br><b>29</b>   | Country<br><b>30</b> |
| 3. Date Incorporated or Qualified<br><b>04/17/1986</b>   |                      | 4. FEI Number<br><b>59-2657799</b>                                 |                      |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                      | Applied For<br><input type="checkbox"/> Not Applicable             |                      |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |                      | 8.75 Additional<br>Fee Required<br>\$5.00 May Be<br>Added to Fees  |                      |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                      |  |                      |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                      |  |                      |

|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent<br><b>GILLER, BRIAN J<br/>975 41ST ST.<br/>MIAMI BEACH FL 33140</b> |  | 10. Name and Address of New Registered Agent          |  |
| 81 Name   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
| 83  |  | 84 City   |  |
| 85  |  | 86 Zip Code   |  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

|   |                                    |   |   |
|---|------------------------------------|---|---|
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |                                    | DATE  |   |
| 12. OFFICERS AND DIRECTORS  |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| TITLE   | D <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>KINNEY, EVLIN</b>               | 1.2 NAME  |   |
| STREET ADDRESS  | <b>1015 W 47TH ST</b>              | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP   | <b>MIAMI BEACH FL 33140</b>        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE   | DV <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>WRIGHT, ROBERT J II</b>         | 2.2 NAME  |   |
| STREET ADDRESS  | <b>1015 W. 47TH ST.</b>            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP   | <b>MIAMI BEACH FL 33140</b>        | 2.4 CITY-ST-ZIP                                       |   |
| TITLE   | D <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>WRIGHT, JEFFREY M</b>           | 3.2 NAME  |   |
| STREET ADDRESS  | <b>23529 POCAHONTAS RD.</b>        | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP   | <b>GAITHERSBURG MD</b>             | 3.4 CITY-ST-ZIP                                       |   |
| TITLE   | D <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>HUGHES, PAMELA S</b>            | 4.2 NAME  |   |
| STREET ADDRESS  | <b>4726 36 ST. NW</b>              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP   | <b>WASHINGTON DC</b>               | 4.4 CITY-ST-ZIP                                       |   |
| TITLE   | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                    | 5.2 NAME  |   |
| STREET ADDRESS  |                                    | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP   |                                    | 5.4 CITY-ST-ZIP                                       |   |
| TITLE   | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                    | 6.2 NAME  |   |
| STREET ADDRESS  |                                    | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP   |                                    | 6.4 CITY-ST-ZIP                                       |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **ROBERT J. WRIGHT** 4/7/98 305/531-5388  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)