

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N14448

FILED
Apr 10, 2003
Secretary of State

Entity Name: THE REED INSTITUTE FOR MEDICAL RESEARCH, INC.

Current Principal Place of Business:

1015 W 47TH ST.
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

1015 W 47TH ST.
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 59-2657799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLER, BRIAN J
975 41ST ST.
MIAMI BEACH, FL 33140 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 () Delete
Name: KINNEY, EVLIN
Address: 1015 W 47TH ST
City-St-Zip: MIAMI BEACH, FL 33140

Title: DV () Delete
Name: WRIGHT, ROBERT J II
Address: 1015 W. 47TH ST.
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: WRIGHT, JEFFREY M
Address: 23529 POCAHONTAS RD.
City-St-Zip: GAITHERSBURG, MD

Title: D () Delete
Name: HUGHES, PAMELA S
Address: 4726 36 ST. NW
City-St-Zip: WASHINGTON, DC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EVLIN L. KINNEY

D

04/10/2003

Electronic Signature of Signing Officer or Director

Date