

DOCUMENT # N14687  
1. Entity Name  
INSTITUTES OF SCIENCE AND MEDICINE, INC.

FILED  
Jan 13, 2001 8:00 am  
Secretary of State

01-13-2001 90052 042 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1850 NW 69TH AVE  
STE 1  
PLANTATION FL 33313  
US

Mailing Address  
1850 NW 69TH AVE  
STE 1  
PLANTATION FL 33313  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 59-2635762  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MUNDSCHENK, DAVID D  
504 SE 2ND AVE  
DANIA FL 33004

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DP MUNDSCHENK, DAVID D 504 SE 2ND AVE DANIA FL 33004  
D MILLER, KENT 7380 SW 123RD TERR MIAMI FL 33156  
D MUNDSCHENK, SUZANNE A 504 SE 2ND AVE DANIA FL 33004

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suzanne Mundschenk* SIGNATURE OF REGISTERED AGENT: *Suzanne Mundschenk* 1-5-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)