

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N14687

FILED
Mar 06, 2005
Secretary of State

Entity Name: INSTITUTES OF SCIENCE AND MEDICINE, INC.

Current Principal Place of Business:

1850 NW 69TH AVE
STE 1
PLANTATION, FL 33313 US

New Principal Place of Business:

615 EAST DANIA BEACH BLVD
DANIA BEACH, FL 33004 US

Current Mailing Address:

1850 NW 69TH AVE
STE 1
PLANTATION, FL 33313 US

New Mailing Address:

615 EAST DANIA BEACH BLVD
DANIA BEACH, FL 33004 US

FEI Number: 59-2635762 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MUNDSCHENK, DAVID D
504 SE 2ND AVE
DANIA, FL 33004 US

Name and Address of New Registered Agent:

MUNDSCHENK, SUZANNE A
504 SE 2ND AVE
DANIA BEACH, FL 33004 US

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: SUZANNE MUNDSCHENK

03/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MUNDSCHENK, DAVID D
Address: 504 SE 2ND AVE
City-St-Zip: DANIA, FL 33004

Title: D () Delete
Name: MILLER, KENT
Address: 7380 SW 123RD TERR
City-St-Zip: MIAMI, FL 33156

Title: D (X) Delete
Name: MUNDSCHENK, SUZANNE A
Address: 504 SE 2ND AVE
City-St-Zip: DANIA, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MUNDSCHENK, SUZANNE A
Address: 504 SE 2ND AVE
City-St-Zip: DANIA BEACH, FL 33004

Title: VP (X) Change () Addition
Name: MUNDSCHENK, DAVID D
Address: 504 S 2ND AVE
City-St-Zip: DANIA BEACH, FL 33004

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: SUZANNE MUNDSCHENK

PRE.

03/06/2005

Electronic Signature of Signing Officer or Director

Date