SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 2, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N45708** **(7)**

1. Corporation Name

JOINT CENTER FOR ADVANCED THERAPY & BIOMEDICAL R ESEARCH OF FLORIDA INSTITUTE OF TECHNOLOGY AND H

Principal Place of Business	Mailing Address
150 WEST UNIVERSITY BOULEVARD MELBOURNE FL 32901	150 WEST UNIVERSITY BOULEVARD MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3132111 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KELLER, I. BASIL M.D.
2202 SOUTH BABCOCK STREET
SUITE 200
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

31 Name: Gordon L. Nelson
32 Street Address (P.O. Box Number is Not Acceptable): 2283 Hamlet Drive
33
34 City: Melbourne FL 35 Zip Code: 32934

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: Gordon L Nelson, GORDON L. NELSON DIRECTOR, 6/29/95
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		
					☐ Change ☒ Addition
TITLE	D	D	1.1 TITLE	D	
NAME	FOLEY, MICHAEL J.	Webber, Frank	1.2 NAME	Richard N. Baney, M.D.	
STREET ADDRESS	1250 CEDAR LANE	1687 Henley Road	1.3 STREET ADDRESS	2045 N. AlA Hwy	
CITY-ST-ZIP	INDIALANTIC FL	Palm Bay, 32905	1.4 CITY-ST-ZIP	Indialantic, Florida 32903	
					☐ Change ☐ Addition
TITLE	D	D	2.1 TITLE	D	
NAME	MCCLURE, JOSEPH A.	Babich, Michael	2.2 NAME	Nelson, Gordon	
STREET ADDRESS	729 HUMMINGBIRD DR	822 Hawksbill Island	2.3 STREET ADDRESS	2283 Hamlet Drive	
CITY-ST-ZIP	INDIALANTIC FL	Satellite Beach 32937	2.4 CITY-ST-ZIP	Melbourne, Florida 32934	
					☐ Change ☐ Addition
TITLE	D	D	3.1 TITLE		
NAME	UNGER, PAT B	Wells, Gary	3.2 NAME		
STREET ADDRESS	1281 SO HICKORY STR	2609 Reed Avenue	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	Melbourne, FL. 32907	3.4 CITY-ST-ZIP		
					☐ Change ☐ Addition
TITLE	D	D	4.1 TITLE		
NAME	ENRIQUEZ, PABLO	Noonan, Norine E.	4.2 NAME		
STREET ADDRESS	1341 SO HICKORY STR	2480 Grassmere Dr.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	West Melbourne 32904	4.4 CITY-ST-ZIP		
					☐ Change ☐ Addition
TITLE	D	D	5.1 TITLE		
NAME	KELLER, I. BASIL	Newman, Richard	5.2 NAME		
STREET ADDRESS	603 ATLANTIC STREET	791 Pembroke Ave,NE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL	Palm Bay FL. 32907	5.4 CITY-ST-ZIP		
					☐ Change ☐ Addition
TITLE	D	D	6.1 TITLE		
NAME	PATEL, JASJBAI	Thursby, Michael	6.2 NAME		
STREET ADDRESS	2300 TIMBERLINE DRIVE	820 Emden Ave	6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	Palm Bay FL. 32907	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)(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: Gordon L Nelson GORDON L. NELSON 6/29/95 407-768-8000 x 7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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