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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N45708 (7) 1. Corporation Name JOINT CENTER FOR ADVANCED THERAPY & BIOMEDICAL RESEARCH OF FLORIDA INSTITUTE OF TECHNOLOGY AND H					
Principal Place of Business % DR. GORDON NELSON 150 W. UNIVERSITY BLVD MELBOURNE FL 32901			Mailing Address % DR. GORDON NELSON 150 W. UNIVERSITY BLVD MELBOURNE FL 32901		



Principal Place of Business % DR. GORDON NELSON 150 W. UNIVERSITY BLVD MELBOURNE FL 32901		Mailing Address % DR. GORDON NELSON 150 W. UNIVERSITY BLVD MELBOURNE FL 32901		3. Date Incorporated or Qualified 10/21/1991	
City & State 27		City & State 28		4. FEI Number 59-3132111	
Zip 24		Country 25		5. Certificate of Status Desired ☐ Yes ☐ No \$8.75 Additional Fee Required	
City & State 29		City & State 30		6. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No \$5.00 May Be Added to Fees	
Zip 26		Country 27		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
8. Name and Address of Current Registered Agent NELSON, GORDON L 2283 HAMLET DRIVE MELBOURNE FL 32934				10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent NELSON, GORDON L 2283 HAMLET DRIVE MELBOURNE FL 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: *Sandra B. Mortham*
Signature, type, and print name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS Cont'd	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP D Webbe, Frank 1687 Henley Road Palm Bay, Florida Tech		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP D Foley, Michael J. 1250 Cedar Lane Indianapolis, FL 32903	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP D Babich, Michael 822 Hawksbill Is. Satellite Beach, FL 32937		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP D Bunker, Stephen P. 538 Narragansett, St. N.E. Palm Bay, Florida 32907	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP D Newman, Norine 2480 Gresham Dr. West Melbourne, FL 32904		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP D McClure, Joseph A. 1650 N. Riverside Drive Indianapolis, FL 32903	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP D Wells, Gary 2609 Reed Avenue Melbourne, FL 32901		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP D Enriquez, Pablo 1341 So. Hickory Str Melbourne, FL.	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP D Newman, Richard 791 Pembroke Avenue Palm Bay, FL 32907		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP D Patel, Jasbjai 2300 Timberline Drive Melbourne, FL.	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP D Thursby, Michael 820 Emden Avenue Palm Bay, FL 32907		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: *Sandra B. Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR