2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90037 027 ****61.25

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DOCUMENT # N45708

*1. Entity Name

JOINT CENTER FOR ADVANCED THERAPY & BIOMEDICAL R

Principal Place of Business	Mailing Address
150 W. UNIVERSITY BLVD MELBOURNE FL 32901	150 W. UNIVERSITY BLVD 150 W. UNIVERSITY BLVD MELBOURNE FL 32901

C0044824

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3132111 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHILPOT, CAROL L 405 HWY A1A UNIT 342 SATELLITE BEACH FL 32937	Name McClure, Joseph Street Address (P.O. Box Number is Not Acceptable) 200 E. Sheridan Rd City Melbourne FL Zip Code 32903

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 _____ JOSEPH A. McClure 3/26/2001
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBBE, FRANK 1687 HENLEY ROAD PALM BAY FL 32907	☐ Delete	DIRECTOR JOSEPH A. McClure 200 E. Sheridan Rd. Melbourne FL 32901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BABICH, MICHAEL 822 HAWKSBILL IS SATELLITE BEACH FL 32937	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILPOT, CAROL L 405 HWY A1A UNIT 342 SATELLITE BEACH FL 32937	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THRUSBY, MICHAEL 820 EMDEN AVENUE PALM BAY FL 32907	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELLS, GARY 2609 REED AVENUE MELBOURNE FL 32901	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWMAN, RICHARD 791 PEMBROKE AVENUE PALM BAY FL 32907	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: _____ 3/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #