

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90078 032 ****61.25

DOCUMENT # N45708

1. Entity Name

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

Principal Place of Business

150 W. UNIVERSITY BLVD
 MELBOURNE FL 32901

Mailing Address

150 W. UNIVERSITY BLVD
 150 W. UNIVERSITY BLVD
 MELBOURNE FL 32901

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

MCCLURE, JOSEPH
200 E. SHERIDAN RD
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Mary Beth Kenkel

Street Address (P.O. Box Number is Not Acceptable)

1200 Old Parsonage Drive

Merritt Island, FL 32952

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 *Mary Beth Kenkel* **Mary Beth Kenkel** **March 1, 2002**

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 **D** ☐ Delete
 NAME **WEBBE, FRANK**
 STREET ADDRESS **1687 HENLEY ROAD**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☐ Delete
 NAME **BABICH, MICHAEL**
 STREET ADDRESS **822 HAWKSBILL IS**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☒ Delete
 NAME **PHILPOT, CAROL L**
 STREET ADDRESS **405 HWY A1A UNIT 342**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☒ Delete
 NAME **THRUSBY, MICHAEL**
 STREET ADDRESS **820 EMDEN AVENUE**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☐ Delete
 NAME **WELLS, GARY**
 STREET ADDRESS **2609 REED AVENUE**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Delete
 NAME **NEWMAN, RICHARD**
 STREET ADDRESS **791 PEMBROKE AVENUE**
 CITY-ST-ZIP **PALM BAY FL 32907**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **Dr. Emran Imami**
 STREET ADDRESS **1350 S. Hickory Street**
 CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **D** ☐ Change ☒ Addition
 NAME **Dr. Basil I. Keller**
 STREET ADDRESS **6500 1st Street**
 CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE **D** ☐ Change ☒ Addition
 NAME **Dr. William Warden**
 STREET ADDRESS **1350 S. Hickory Street**
 CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **T/D** ☐ Change ☒ Addition
 NAME **Dr. Charles Lambert**
 STREET ADDRESS **1350 S. Hickory Street**
 CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **D** ☐ Change ☒ Addition
 NAME **Dr. Tarik Khair-El-Din**
 STREET ADDRESS **1421 Malabar Road NE**
 CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **D** ☐ Change ☒ Addition
 NAME **Dr. Jashbhai K. Patel**
 STREET ADDRESS **44 Apollo Blvd.**
 CITY-ST-ZIP **Melbourne, FL 32901**

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: *Mary Beth Kenkel* **Mary Beth Kenkel** **March 1, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment & Dr #

N45708

D Addition
Dr. Kelly L. Dunn
1696 W. Hibiscus Blvd.
Melbourne, FL 32901

D Addition
Dr. Joseph A. McClure
1650 N. Riverside Drive
Indialantic, FL 32901

D Addition
Dr. L. E. Weaver
9790 S. Tropical Trail
Merritt Island, FL 32952

D Addition
Dr. Robert L. Sullivan
6225 Capstan Ct.
Rockledge, FL 32955

P/D Addition
Dr. Mary Beth Kenkel
1200 Old Parsonage Drive
Merritt Island, FL 32952

D Addition
Dr. Kunal Mitra
6042 Newbury Cr.
Melbourne, FL 32940