2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 02, 2005
Secretary of State

DOCUMENT# N45708

Entity Name: JOINT CENTER FOR ADVANCED THERAPY & BIOMEDICAL RESEARCH OF FLORIDA INSTITUTE OF TECHNOLOGY AND HOLMES REGIONAL MEDICAL CENTER CORP.

Current Principal Place of Business:

150 W. UNIVERSITY BLVD
SCHOOL OF PSYCHOLOGY
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

150 W. UNIVERSITY BLVD
SCHOOL OF PSYCHOLOGY
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3132111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

KENKEL, MARY BETH
1200 OLD PARSONAGE DRIVE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WEBBE, FRANK
Address: 1687 HENLEY ROAD
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete
Name: BABICH, MICHAEL
Address: 822 HAWKSBILL IS
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: IMAMI, EMRAN DR
Address: 1350 S HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: KELLER, BASIL I DR
Address: 6500 1ST STREET
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete
Name: WELLS, GARY
Address: 2609 REED AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: NEWMAN, RICHARD
Address: 791 PEMBROKE AVENUE
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WEBBE, FRANK DR
Address: 1687 HENLEY ROAD
City-St-Zip: PALM BAY, FL 32907

Title: D (X) Change ( ) Addition
Name: MITRA, KUNAL DR
Address: 6042 NEWBURY CR.
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change ( ) Addition
Name: KENKEL, MARY BETH DR
Address: 1200 OLD PARSONAGE DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D (X) Change ( ) Addition
Name: DUNN, KELLEY I DR
Address: 1696 W. HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Change ( ) Addition
Name: LAIRD, ROSEMARY DR
Address: 701 W. COCOA BEACH CAUSEWAY
City-St-Zip: COCOA BEACH, FL 32931

Title: D (X) Change ( ) Addition
Name: NEWMAN, RICHARD DR
Address: 791 PEMBROKE AVENUE
City-St-Zip: PALM BAY, FL 32907

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: MARY BETH KENKEL D 11/02/2005
Electronic Signature of Signing Officer or Director — Date