

N95000002258

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

DMC
5/10/95

W95-9635

RE: Infectious Disease Research
Institut, Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S.		
<input type="checkbox"/> Filitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () pgs.		
SUBTOTALS		

906001479199
 05/09/95 01075 015
 ***122.50 ***122.50

95 MAY 10 PM 12:30
 SECRETARY OF STATE
 TALLAHASSEE, FL 32304

FEE.....	
DISBURSED.....	
SURCHARGE.....	
TAX on corporate supplies.....	
SUBTOTAL.....	
PREPAID.....	
BALANCE DUE.....	

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>W</u>	_____	_____	_____

WALK-IN 58
 Will Pick Up _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

May 8, 1995

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: INFECTIOUS DISEASE RESEARCH INSTITUTE, INC.
Ref. Number: W95000009635

We have received your document for INFECTIOUS DISEASE RESEARCH INSTITUTE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Article VI states there will be 3 director(s), whereas 2 is/are listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick
Corporate Specialist

Letter Number: 895A00022707

Corrected

ARTICLES OF INCORPORATION
OF
INFECTIOUS DISEASE RESEARCH INSTITUTE, INC.
a not for profit corporation

FILED
95 MAY 10 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of a Corporation pursuant to Chapter 617, Florida Statutes, adopts the following Articles of Incorporation for such corporation:

ARTICLE I

The name of the corporation is: INFECTIOUS DISEASE RESEARCH INSTITUTE, INC., a corporation not for profit, and the initial principal address of the corporation is: 500 Vonderburg Drive, Suite 213, West Tower, Brandon, Florida 33511.

ARTICLE II

The period of the duration of this corporation is perpetual unless dissolved according to law.

ARTICLE III

The purpose or purposes for which the corporation is organized are:

A. This is a nonprofit charitable corporation, organized exclusively for charitable purposes, including investigating the various aspects of challenging infectious diseases; providing rational, novel and innovative therapeutic modalities for infectious diseases through laboratory and clinical research; offering medical care with dignity, compassion and confidentiality to anyone with an infectious disease regardless of race, ethnic origin, creed, religion, sexual orientation or financial status; and serving as an educational and scientific resource on infectious diseases for the community.

B. In addition, to have and exercise all the powers of a corporation not for profit as set forth in Section 617.0302 of Chapter 617, Corporations Not for Profit.

ARTICLE IV

The initial member shall be BIENVENIDO G. YANGCO, M.D., M.P.H. The qualifications for additional members and the manner of their admission are:

The members of this corporation shall be such persons as shall be elected to membership by the initial member at the first meeting of such member held after the incorporation of this corporation and any person thereafter elected to membership by a majority vote of the members present at any annual or special meeting of the members of the corporation. Any person who may further the goals of the corporation shall be qualified to be a member.

ARTICLE V

The street address and city of the initial registered office of the corporation is 602 South Boulevard, Tampa, Florida 33606, and the name of its initial registered agent at such address is R. JEFFREY STULL.

ARTICLE VI

The method of election of the Directors shall be stated in the Bylaws.

ARTICLE VII

The names of the officers who are to serve until the first election under the articles of incorporation are:

President	Bienvenido G. Yangco, M.D., M.P.H.
Vice President	Kalliope D. Halkias, M.P.H.

ARTICLE VIII

The corporation is organized under a non-stock basis.

ARTICLE IX

In the event of dissolution, the residual assets of the corporation will be turned over to one or more organizations which themselves are exempt as organizations described in Sections 501(c) and 1170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, as designated by the Board of Directors or the liquidators of the corporation, or to the Federal, State, or local government for exclusively public purpose.

ARTICLE X

The name and address of the incorporator is:

Bienvenido G. Yangco, M.D., M.P.H.
500 Vonderburg Drive, Suite 213
Brandon, Florida 33511

Dated the 5th day of May, 1995.

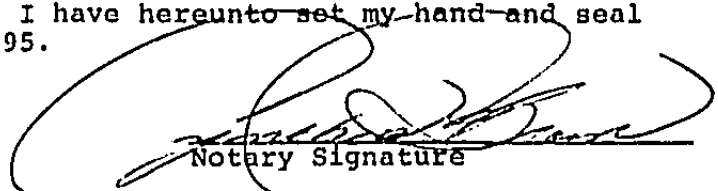
IN WITNESS WHEREOF, the undersigned being the incorporator
of this corporation has executed these Articles of Incorporation.


BIENVENIDO G. YANGCO M.D. M.P.H.

STATE OF FLORIDA)
) SS:
COUNTY OF HILLSBOROUGH)

Before me, the undersigned authority, personally appeared
BIENVENIDO G. YANGCO, to me well known to be the person who
executed the foregoing Articles of Incorporation and acknowledged
before me, according to law, that he made and subscribed the
same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal
this 5th day of May, 1995.

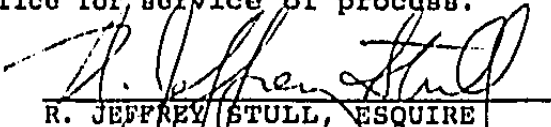

Notary Signature

Personally Known ☒ OR
Produced Identification _____
Type of I.D. Produced: _____



ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.


R. JEFFREY STULL, ESQUIRE
Stull & Barber, P.A.
602 South Boulevard
Tampa, Florida 33606
(813) 251-3914
Florida Bar No. 241008

FILED
95 MAY 10 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N95000002258

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8070
 Mailing Address Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 96 DEC 26 PM 12:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

SH 12/26

12/23

REQUEST TAKEN CONFIRMED APPROVED
 DATE 12/20 _____
 TIME _____ CK No. _____
 BY _____

WALK-IN Will Pick Up 3:15 *WV*

RE: Infectious Disease Research
Institute, Inc.

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
() Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit Invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 23, 1996

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL 32301

SUBJECT: INFECTIOUS DISEASE RESEARCH INSTITUTE, INC.
Ref. Number: N95000002258

We have received your document for INFECTIOUS DISEASE RESEARCH INSTITUTE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 1996 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year for the years 1996 through the current year, \$138.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$236.25. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 1996 Annual Report and Supplemental Fee.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 696A00056910



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 24, 1996

Capital Connection, Inc.

SUBJECT: INFECTIOUS DISEASE RESEARCH INSTITUTE, INC.
Ref. Number: N95000002258

We have received your document for INFECTIOUS DISEASE RESEARCH INSTITUTE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 396A00057122

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

**INFECTIOUS DISEASE RESEARCH INSTITUTE, INC.
a not for profit corporation**

FILED
96 DEC 26 PM 12: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1002, Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment adopted:

Article IIIA is amended to read as follows:

Said corporation is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations under Section 501(c)(3) of the Internal Revenue Code (or the corresponding section of any future Federal tax code).

Article IIIB is amended to read as follows:

B. In addition, to have and exercise all the powers of a corporation not for profit as set forth in Section 617.0302 of Chapter 617, Florida Statutes, to the furtherance of purposes as set forth in Section 501(c)(3) of the Internal Revenue Code (or the corresponding section of any future Federal tax code).

SECOND: The date of the amendment's adoption: December 18, 1996.

THIRD: Adoption of Amendment:

The amendment was adopted at a meeting of the Board of Directors by a majority vote of the directors then in office. Member approval was not required.

Signed this 18th day of December, 1996.

INFECTIOUS DISEASE RESEARCH INSTITUTE, INC.

BY: 

Bienvenido G. Yangco, M.D., M.P.H., Director /
Chairman of the Board of Directors

BY: 

Kalliope D. Halkias, M.P.H., Director /
Vice-Chairman of the Board of Directors

BY: 

John U. Balls, M.D., Director

BY: 

Demetrios Halkias, Ph.D., Director

APPLICATION
FOR
REINSTATEMENT
1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

10F2
FILED

96 DEC 24 AM 11:03

Read Instructions on Other Side Before Making Filing
Make Check Payable To: Department of State

1. Name and Address of Corporation

N95000002258
Infectious Disease Research Institute Inc.
4728 N. Habana Ave., Ste. 303
Tampa, FL 33614

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect, enter correct address below. The NAME of the corporation must be filed by filing an amendment

REINSTATEMENT *9600*

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

May 10, 1995

4. FEI Number

593313-055

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P/D	Bienvenido G. Yangco, MD	4728 N. Habana Ave., Ste. 303	Tampa, FL 33614
V/T/S/D	Kalliope D. Halkias, MPH	4728 N. Habana Ave., Ste. 303	Tampa, FL 33614
D	John U. Balis, MD	USF College Of Medicine MDC Box 11 12901 Bruce B. Downs Blvd.	Tampa, FL 33612
D	Demetrios G. Halkias, Ph.D.	USF College of Medicine MDC Box 10 12901 Bruce B. Downs Blvd.	Tampa, FL 33612
D	Joseph B. Sinkovics, MD	4600 N. Habana Ave., Ste. 9	Tampa, FL 33614
D	Edward A. Eikman, MD	2727 MLK Blvd. W #800	Tampa, FL 33607

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

R. Jeffrey Stull, Esquire
602 South Boulevard
Tampa, FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

700002038997--2

Street Address (Do NOT Use P.O. Box Number)

12/27/96 01036-026
****375.00 ****375.00

City and State

FL

Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent

R. Jeffrey Stull

REGISTERED AGENT MUST SIGN

Date *12-23-96*

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate and my signature shall have the same legal effects as if made under oath.

Signature of Officer or Director

Bienvenido G. Yangco

Date *12/23/96*

Phone # *813-875-4374*

Typed or printed name of signing officer or director

Bienvenido G. Yangco, MD, MPH

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
required for a
Certificate of Status

20f2

#5. Names and Street Addresses of Each Officer and Director(continued)

D David A. Solomon, MD USF College of Medicine Tampa, FL 33612
12901 Bruce B. Downs Blvd.