## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N96000004909

FILED Oct 08, 2007 Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF ADAPTIVE SCIENCES, INC.

	rincipal Place of Business:	New Principal Place of Busine	ess:	
842 MANG				
SUITE 101 WEST PAL	LM BEACH, FL 33415			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
842 MANG	O DR.			
SUITE 101 WEST PAL	LM BEACH, FL 33415			
n accordan	06-0898729 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation did not Address of Current Registered Agent:		ate of Status Desired (X)	
PANCHUL 342 MANG	A, LESLIE B DR			
SUITE 101				
	named entity submits this statement for the ρι e of Florida.	pose of changing its registered office or	registered agent, or bot	
SIGNATUF	RE: DR. LESLIE B. PANCHULA			
	Electronic Signature of Registered Ager	t	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title:	P ( ) Delete	. ,	( ) Addition	
√ame: ∖ddress:	PANCHULA, LESLIE B DR 842 MANGO DR. SUITE # 3	Name: Address:		
City-St-Zip:	WEST PALM BEACH, FL 334I5	City-St-Zip:		
ītle:	VP ( ) Delete	Title: ( ) Change	( ) Addition	
lame:	LEAMAN, KIMBERLY MS	Name:		
Address:	305 NE 16TH STREET	Address:		
city-St-Zip:	FORT LAUDERDALE, FL	City-St-Zip:		
itle:	SD () Delete	• • • • • • • • • • • • • • • • • • • •	( ) Addition	
lame: \ddress:	GONZALEZ, DALIA DR 305 NE 16TH ST	Name: Address:		
city-St-Zip:	WEST PALM BEACH, FL 33309	City-St-Zip:		
Title:	T () Delete	Title: ( ) Change	( ) Addition	
lame:	PAUL GREGORY, NICHOLAS DR	Name:	,	
	207 STERLING RD. HOLLYWOOD,, FL 33301	Address: City-St-Zip:		
		Title: D (X) Change	( ) Addition	
City-St-Zip:	D ( ) Delete			
ity-St-Zip: itle:	D ( ) Delete PEMBERTON, MACPHERSON DR	Name: SWARTZ, JO EL DR		
city-St-Zip: itle: lame: ddress:	PEMBERTON, MACPHERSON DR 842 MANGO DR. SUITE # 5	Name: SWARTZ, JO EL DR Address: 842 MANGO DR. SUITE		
City-St-Zip: Title: Name: Address:	PEMBERTON, MACPHERSON DR	Name: SWARTZ, JO EL DR		
City-St-Zip: Title: Jame: Address: City-St-Zip:	PEMBERTON, MACPHERSON DR 842 MANGO DR. SUITE # 5	Name: SWARTZ, JO ÉL DR Address: 842 MANGO DR. SUITE City-St-Zip: WEST PALM BEACH, FI		
Address: City-St-Zip: Fitle: Flame: Address: City-St-Zip: Fitle: Flame: Address:	PEMBERTON, MACPHERSON DR 842 MANGO DR. SUITE # 5 WEST PALM BEACH, FL., FL 33415 FL	Name: SWARTZ, JO ÉL DR Address: 842 MANGO DR. SUITE City-St-Zip: WEST PALM BEACH, FI	L., FL 33415 FL	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DR.LESLIE B. PANCHULA PRES 10/08/2007