

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003298**

1. Entity Name  
**JAEB CENTER FOR HEALTH RESEARCH FOUNDATION,  
INC.**



Principal Place of Business

**15310 AMBERLY DR.  
SUITE 350  
TAMPA, FL 33647**

Mailing Address

**15310 AMBERLY DR.  
SUITE 350  
TAMPA, FL 33647**

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3187624**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GASSMAN, ALAN  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DRUCKER, MITCHELL  
12901 BRUCE B DOWNS BLVD MDC #21  
TAMPA, FL 33612**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KIRK, NANCY  
708 DRUID HILLS ROAD  
TEMPLE TERRACE, FL 33617**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BECK, ROY W  
15310 AMBERLY DR. STE 350  
TAMPA, FL 33647**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000762383  
05/29/07-80006-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #