

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 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



01252008 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, 2008**

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

000000814459
02/13/08-80045-007 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 duties like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/08 813 975 8690