2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# N98000003298

Entity Name: JAEB CENTER FOR HEALTH RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

15310 AMBERLY DR.
SUITE 350
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

15310 AMBERLY DR.
SUITE 350
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3187624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: DRUCKER, MITCHELL
Address: 12901 BRUCE B DOWNS BLVD MDC #21
City-St-Zip: TAMPA, FL 33612

Title: D
Name: KIRK, NANCY
Address: 708 DRUID HILLS ROAD
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D
Name: BECK, ROY W
Address: 15310 AMBERLY DR. STE 350
City-St-Zip: TAMPA, FL 33647

Title: D
Name: ZAJAC, LESLEY S
Address: 15310 AMBERLY DRIVE STE 350
City-St-Zip: TAMPA, FL 33647

Title: D
Name: SHIKARPURI, SHAN
Address: 33920 US 19 NORTH STE 290
City-St-Zip: PALM HARBOR, FL 34684

I hereby 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 all other like empowered.

SIGNATURE: LESLEY S. ZAJAC D 02/17/2011

Electronic Signature of Signing Officer or Director — Date