

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004772

FILED
Apr 06, 2011
Secretary of State

Entity Name: CROHN'S DISEASE RESEARCH INC.

Current Principal Place of Business:

701 WEST MORSE BLVD
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

701 WEST MORSE BLVD
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3532287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFRAN, IRA M.D.
701 WEST MORSE BLVD
WINTER PARK, FL 32789 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: SHAFRAN, IRA MD
Address: 1004 TEMPLE GROVE
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: BURGUNDER, PATRICIA M
Address: 206 AMELIA STREET
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: GALVIS, PEGGY A RN
Address: 278 SAN GABRIEL STREET
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D
Name: SHAFRAN, ANITA
Address: 1004 TEMPLE GROVE
City-St-Zip: WINTER PARK, FL 32789

Title: T
Name: POILLION, SHERRI N
Address: 26332 BAIRD AVENUE
City-St-Zip: SORRENTO, FL 32776

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: IRA SHAFRAN

DR

04/06/2011

Electronic Signature of Signing Officer or Director

Date