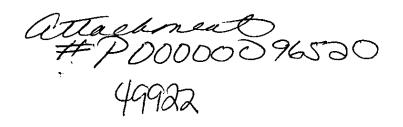
2001 UNIFORM BUSINESS REPORT (UBR)

Jun 27, 2001 8:00 am DOCUMENT # P0000096520 Secretary of State 1. Entity Name 05-14-2001 90028 020 ***150.00 IMMUNETEK, INC. Principal Place of Business Mailing Address 630 S ORANGE AVE 541 PUTTER LN SARASOTA FL 34238 LONGBOAT FL 34228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1048052 City & State City & State Applied For Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEAL JOHN JR Street Address (P.O. Box Number is Not Acceptable) 2940 S. Tamiami Trail 630 S ORANGE AVE SARASOTA FL 34236 Sarasota 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) . . 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Change ☐ Addition CR2E034 (10/00 Delete PANUCE, MARSHA L NAME STREET ADDRESS STREET ADDRESS 541 PUTTER LN CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PANUCE, DONALD G NAME NAME 541 PUTTER LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LONGBOAT KEY FL 34228** DILE ☐ Delete TITLE Change ■ Addition ZHAÓ, RUANJIN DR NAME NAME STREET ADDRESS 4440 BEAUCHAMP CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 TITLE Delete TITLE ☐ Change ■ Addition LIU. JING NAME NAME 4440 BEAUCHAMP CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7/P SARASOTA FL 34243 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attacher int with an address, with all other like empowered.

FILED





Div. of Corporations

This just arrived in today's mail. Thank you for your assistance in this matter.

Suplee & Shea, P.A.

800 S. OSPREY AVENUE • SARASOTA, FLORIDA 34236 (941) 366-3600 • FAX (941) 954-4512