

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112309

FILED  
Jul 18, 2007  
Secretary of State

Entity Name: FLORIDA INSTITUTE OF MEDICAL RESEARCH, INC.

## Current Principal Place of Business:

820 PRUDENTIAL DRIVE STE 111  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

4243 SUNBEAM ROAD  
SUITE 3  
JACKSONVILLE, FL 32257

## Current Mailing Address:

820 PRUDENTIAL DRIVE STE 111  
JACKSONVILLE, FL 32207

## New Mailing Address:

PO BOX 23519  
JACKSONVILLE, FL 32241

FEI Number: 11-3659005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRILEY, D RANDALL  
135 PROF DRIVE STE 101TE 111  
PONTE VEDRA BEACH, FL 32082 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FLORETE, ORLANDO G JR  
Address: 820 PRUDENTIAL DRIVE STE 111  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FLORETE, ORLANDO G JR  
Address: 1325 SAN MARCO BLVD, SUITE 4  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRAVIS GUTHRIE

MAN

07/18/2007

Electronic Signature of Signing Officer or Director

Date