

P020001/2309

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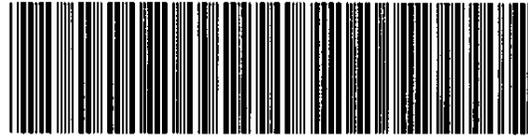
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T. LEWIS

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TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA INSTITUTE OF MEDICAL RESEARCH, INC.
Name of Corporation

DOCUMENT NUMBER: P02000112309

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: .

D. Randall Briley, Esq.
Name of Contact Person

Briley & Deal, LLC
Firm/Company

2215 South Third Street, Ste. 101
Address

Jacksonville Beach, FL 32250
City/State and Zip Code

rbriley@jaxrelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. Randall Briley at (904) 285-5299
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

