

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90164 026 \*\*\*150.00

60032451



04282008 Chg-P CR2E034 (12/06)

4. FEI Number **30-0332914** ☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

CHRISTALDI, RONALD A  
101 EAST KENNEDY BLVD.  
STE. 2800  
TAMPA, FL 33602

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MEYERS, STEPHEN A 5037 CAMBERLY LANE OLDSMAR, FL 34677	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD ROTHMAN, ROBERT ONE TAMPA CITY CENTER SUITE 2880 TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO RESNICK, CHARLES R 4407 CHARLESTON CT TAMPA, FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MOFFITT, H. LEE 3225 SOUTH MACDILL AVE SUITE 129-336 TAMPA, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COUCH, THEODORE J SR 1717 EAST FOWLER AVE TAMPA, FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POWERS, LINDA 7600 WISCONSIN AVE 7TH FLOOR BETHESDA, MD 20814	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12902 Magnolia Drive, SRB-3 Tampa, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Resnick

Date

Daytime Phone #

813-745-8854

4/28/08

ATTACHMENT

60032451

# P05000055330

**Moffitt Technologies Corporation  
2008 Officers and Directors, Continued:**

<u>Title</u>	<u>Name</u>	<u>Address</u>
D	William Dalton, Ph.D., M.D.	12902 Magnolia Drive Tampa, FL 33612
D	Steven Gillis, Ph.D.	ARCH Northwest 1000 Second Avenue Suite 3700 Seattle, WA 98104
D	Ken Moch	68 Willow Avenue Larchmont, NY 10538