

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P33596

**FILED**  
**Apr 12, 2004**  
**Secretary of State****Entity Name:** THE BIOMOTION FOUNDATION, INC.**Current Principal Place of Business:**1309 N FLAGLER DR  
WEST PALM BCH, FL 33401 US**New Principal Place of Business:****Current Mailing Address:**1411 N FLAGLER DR  
STE 9800  
WEST PALM BCH, FL 33401 US**New Mailing Address:****FEI Number:** 04-2981081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WARD, PHILIP H., III  
C/O WARD, DAMON, & BENER, PA  
4420 BEACON CIR STE 100  
WEST PALM BEACH, FL 33407 US**Name and Address of New Registered Agent:**WARD, PHILIP H., III  
C/O WARD, DAMON, & POSNER, PA  
4420 BEACON CIR STE 100  
WEST PALM BEACH, FL 33407 US

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: \_\_\_\_\_

04/12/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** C ( ) Delete  
**Name:** HODGE, W. ANDREW, DR. .  
**Address:** 1411 N FLAGLER DR STE 9800  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** P ( ) Delete  
**Name:** YOUNG, ADAM  
**Address:** 1411 N FLAGLER DR STE 9800  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** V ( ) Delete  
**Name:** REED, LACHLAN PH.D  
**Address:** 1411 N FLAGLER DR STE 9800  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** T ( ) Delete  
**Name:** PATTERSON, COOPER J  
**Address:** 1411 N FLAGLER DR STE 9800  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** S ( ) Delete  
**Name:** OYER, HARVEY E III  
**Address:** 1411 N FLAGLER DR STE 9800  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** M ( ) Delete  
**Name:** IERARDI, JOSEPH A  
**Address:** 1411 N FLAGLER DR STE 9800  
**City-St-Zip:** WEST PALM BEACH, FL 33401**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** C (X) Change ( ) Addition  
**Name:** HODGE, WILLIAM A MD  
**Address:** 1411 N FLAGLER DR STE 9800  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** P (X) Change ( ) Addition  
**Name:** HARPER, MARY  
**Address:** 1411 N FLAGLER DR STE 9800  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** BOWMAN, JEFFREY G  
**Address:** 1411 N FLAGLER DR STE 9800  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** D (X) Change ( ) Addition  
**Name:** HARPENAU, ROBERT  
**Address:** 1411 N FLAGLER DR STE 9800  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: W. ANDREW HODGE, MD

DR

04/12/2004

Electronic Signature of Signing Officer or Director

Date

CLARE O'KEEFFE/DIRECTOR  
1411 N FLAGLER DRIVE  
SUITE 9800  
WEST PALM BEACH, FL 33401

HILDEGARD E. MAHONEY/DIRECTOR  
1411 N FLAGLER DRIVE  
SUITE 9800  
WEST PALM BEACH, FL 33401

JEFFREY LEVITETZ/DIRECTOR  
1411 N FLAGLER DRIVE  
SUITE 9800  
WEST PALM BEACH, FL 33401