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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90126 040 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075573

1. Corporation Name
IMMUNO-RX, INC.

Principal Place of Business
7292 26TH COURT EAST
SARASOTA FL 34243

Mailing Address
7292 26TH COURT EAST
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1993

4. FEI Number

65-0467068

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 1401 Manatee Ave. W.

Suite, Apt. #, etc.
22 Suite 1020

City & State

23 Bradenton, FL

Zip

24 34205

Country

25 USA

2a. Mailing Address

26 1401 Manatee Ave. W.

Suite, Apt. #, etc.
27 Suite 1020

City & State

28 Bradenton, FL

Zip

29 34205

Country

30 USA

9. Name and Address of Current Registered Agent

KINSOLVING, C R PHD
7292 26TH COURT EAST
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name
Blalock, Landers Walters & Vogler, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
Attorneys at Law

83
802 11th St. W.

84 City
Bradenton,

FL

85 Zip Code
34205

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KINSOLVING, C. RICHARD
STREET ADDRESS 7292 26TH COURT EAST
CITY-ST-ZIP SARASOTA FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Stephen R. Goldberg
1.3 STREET ADDRESS 1401 Manatee Ave. W. #1020
1.4 CITY-ST-ZIP Bradenton, FL 34205

2.1 TITLE T
2.2 NAME John W. Hadden II
2.3 STREET ADDRESS 575 Lexington Ave. #410
2.4 CITY-ST-ZIP New York, NY 10022

3.1 TITLE C/D
3.2 NAME John W. Hadden, MD
3.3 STREET ADDRESS 2413 Bayshore Blvd. #2105
3.4 CITY-ST-ZIP Tampa, FL 33629

4.1 TITLE D
4.2 NAME H.R. Williams
4.3 STREET ADDRESS 7813 Broadmoor Pines Blvd.
4.4 CITY-ST-ZIP Sarasota, FL 34243

5.1 TITLE D
5.2 NAME Karen M. Cashell
5.3 STREET ADDRESS 6347 Kahana Way
5.4 CITY-ST-ZIP Sarasota, FL 34241

6.1 TITLE D
6.2 NAME Calvin M. Leung, PhD
6.3 STREET ADDRESS 1503 S. Coast Dr. #208
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0503(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

4/20/99

941-708-3569

CR2E034 (11/98)

P9300.00.75573

444677-9012640

Immuno-Rx, Inc.

1401 Manatee Ave. W., Suite 1020
Bradenton, FL 34205

Telephone: 941/708-3569

Fax: 941/708-0569

BLOCK 13 (con't).

D ☒ Change ☐ Addition
C. Richard Kinsolving
5414 61st St. E.
Bradenton, FL 34203