

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000054429

1. Entity Name
IVX ONCOLOGY, INC.



Principal Place of Business

4400 BISCAYNE BLVD.
ATTN: CAROLE I AMSTER
MIAMI, FL 33137 US

Mailing Address

4400 BISCAYNE BLVD.
ATTN: CAROLE I AMSTER
MIAMI, FL 33137 US



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0847497

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIN, STEVEN D
4400 BISCAYNE BLVD.
MIAMI, FL 33137

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000229526
02/14/05-80081-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FLANZRAICH, NEIL
STREET ADDRESS	4400 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	VPD
NAME	BEIER, THOMAS E
STREET ADDRESS	4400 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	SD
NAME	RUBIN, STEVEN D
STREET ADDRESS	4400 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	T
NAME	UPPALURI, RAO
STREET ADDRESS	4400 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	AS
NAME	NATION, MARIANNE HURD
STREET ADDRESS	4400 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

Steven D. Rubin

1/18/05

305-575-6000