2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2014
Secretary of State
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Entity Name: VACCINE AND GENE THERAPY INSTITUTE OF FLORIDA CORP.

Current Principal Place of Business:

9801 SW DISCOVERY WAY
PORT ST. LUCIE, FL 34987

Current Mailing Address:

9801 SW DISCOVERY WAY
PORT ST. LUCIE, FL 34987

FEI Number: 36-4631835

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, RAQUEL A ESQ.
MCDONALD HOPKINS LLC
200 S. BISCAYNE BOULEVARD SUITE 3130
MIAMI, FL 33131 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: RAQUEL A. RODRIGUEZ, ESQ. 03/10/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	DORSA, DANIEL PHD
Address	3181 SW SAM JACKSON PARK ROAD
City-State-Zip:	PORTLAND OR 97239

Title	COO
Name	ROTHBERG, MELVIN
Address	9801 SW DISCOVERY WAY
City-State-Zip:	PORT ST. LUCIE FL 34987

Title	PRESIDENT
Name	JOVE, RICHARD PHD
Address	9801 SW DISCOVERY WAY
City-State-Zip:	PORT ST. LUCIE FL 34987

Title	DIRECTOR
Name	LEVY, JAY A M.D.
Address	DEPT. OF MEDICINE, DIVISION OF HEMATOLOGY AND ONCOLOGY UNIVERSITY OF CALIFORNIA, 513 PARNASSUS AVENUE ROOM S1280
City-State-Zip:	SAN FRANCISCO CA 94143

Title	CHAIRMAN, CEO, DIRECTOR
Name	NELSON, JAY A PHD
Address	OHSU 505 NW 185 AVENUE
City-State-Zip:	BEAVERTON OR 97006

Title	DIRECTOR
Name	CANTLIN, RICHARD
Address	PERKINS COIE LLP 1120 NW COUCH STREET TENTH FLOOR
City-State-Zip:	PORTLAND OR 97209-4128

Title	DIRECTOR
Name	KELLY, KEVIN
Address	23750 MERANO CT UNIT 202
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	LORD, ROBERT JR.
Address	MARTIN HEALTH SYSTEM P.O. BOX 9010
City-State-Zip:	STUART FL 34995-9010

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I hereby 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 all other like empowered.

SIGNATURE: MELVIN ROTHBERG COO 03/10/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCHINAZI, RAYMOND F PHD
Address	EMORY UNIVERSITY/VA MEDICAL CETER MEDICAL RESEARCH 151-H 1670 CLAIRMONT ROAD
City-State-Zip:	DECATUR GA 30033