2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2017
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:

IMBER, MICHAEL E
9801 SW DISCOVERY WAY
PORT ST. LUCIE, FL 34987 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: MICHAEL E IMBER 03/22/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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: MICHAEL E. IMBER RECEIVER 03/22/2017

Electronic Signature of Signing Officer/Director Detail — Date