2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2013
Secretary of State
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Entity Name: CROHN'S DISEASE RESEARCH INC.

Current Principal Place of Business:

701 WEST MORSE BLVD
WINTER PARK, FL 32789

Current Mailing Address:

701 WEST MORSE BLVD
WINTER PARK, FL 32789

FEI Number: 59-3532287

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAFRAN, IRA M.D.
701 WEST MORSE BLVD
WINTER PARK, FL 32789 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D	Title	D
Name	SHAFRAN, IRA MD	Name	BURGUNDER, PATRICIA M
Address	1004 TEMPLE GROVE	Address	206 AMELIA STREET
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	ORLANDO FL 32806
Title	D	Title	T
Name	SHAFRAN, ANITA	Name	SHAFRAN, ANITA N
Address	1004 TEMPLE GROVE	Address	1004 TEMPLE GROVE
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789

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: IRA SHAFRAN, MD DIRECTOR 04/15/2013

Electronic Signature of Signing Officer/Director Detail — Date