

2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000004772

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: IRA SHAFRAN. MD

03/02/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SHAFRAN, IRA MD
Address 1004 TEMPLE GROVE
City-State-Zip: WINTER PARK FL 32789

Title D
Name BURGUNDER, PATRICIA M
Address 206 AMELIA STREET
City-State-Zip: ORLANDO FL 32806

Title D
Name SHAFRAN, ANITA
Address 1004 TEMPLE GROVE
City-State-Zip: WINTER PARK FL 32789

Title T
Name SHAFRAN, ANITA N
Address 1004 TEMPLE GROVE
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: ANITA SHAFRAN

TREASURER

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date