

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006777

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** INCLEDON BIOMEDICAL RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

C/O THOMAS INCLEDON  
11366 EAST REMBRANDT AVENUE  
MESA, AZ 85212 US

**New Principal Place of Business:**

8131 EAST INDIAN BEND ROAD  
SCOTTSDALE, AZ 85250 US

**Current Mailing Address:**

C/O THOMAS INCLEDON  
11366 EAST REMBRANDT AVENUE  
MESA, AZ 85212 US

**New Mailing Address:**

8131 EAST INDIAN BEND ROAD  
SCOTTSDALE, AZ 85250 US

**FEI Number:** 65-1144007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

INCLEDON, THOMAS  
C/O IAN PYKA  
12003 GLENMORE DR.  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** PED  
**Name:** INCLEDON, THOMAS PED  
**Address:** 8131 EAST INDIAN BEND ROAD  
**City-St-Zip:** SCOTTSDALE, AZ 85250 US

**Title:** T  
**Name:** DERAGISCH, THOMAS E T  
**Address:** 11808 NORTH 111TH WAY  
**City-St-Zip:** SCOTTSDALE, AZ 85259 US

**Title:** S  
**Name:** DERAGISCH, RHONDA S  
**Address:** 11808 NORTH 111TH WAY  
**City-St-Zip:** SCOTTSDALE, AZ 85259 US

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:** THOMAS INCLEDON

PED

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date