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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

CUMENT # P13666

(3)

DOCUMENT #
1. Corporation Name

IMMUNOMED CORPORATION

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5910-G BREC	of Business	Mailing Address				
5910-G BRECKENRIDGE PARKWAY TAMPA FL 33610		5910-G BRECKENRIDGE PARKWAY TAMPA FL 33610				
				3. (Date Incorporated or Qualif 03/19/1987	fied 3a. Date of Last Report 04/19/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4.	El Number 59-1929776	Applied For Not Applicable
Suite Apt.	#. etc	Suite, Apt. #, etc.				\$9.75 Additional
22	,	27		5. 1	Certificate of Status Desirei	Fee Required
City & State	e	City & State		6. 1	Jection Campaign Financi	ng \$5.00 May Be
23		28			Frust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country			vfor intang ble tax under s=199.032, Yes □ No
24	25 g. Name and Address of Curren	29 Agent	30		Florida Statutes Name and Address of No.	
			81	Name /	/	
GRIMM	WILLIAM A.			PTAK	JOSEPH F.	<u>, </u>
	PINE STREET, SUITE 520		82	Street Address (P.C	Box Number is Not Acce	PLOGE PARKWAY
	OO FL 32801		83	3 110	G KIRECIEN	HIVE THENNY
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			84	City James	DA .	FL 85 Zo Code 10
11. Pursuant	to the provisions of Sections 607,0502	and 607,1508, Florida Statu	tes, the above na	med corporation sa	bmits this statement for th	e purpose of changing its registered office
or register familiar wi	red agent or both, in the State of Fruie	 Such change was authori on 607.0505, Florida Statute 	zed by the corpor	ation's board of dis	ectors. Thereby accept the	appointment as registered agent. Lam
SIGNATURE	(buch I lake	Tocopy F	PTOV	Vice Po	SIDENT	4-3-96
SIGNATURE	Studies type or printed ratios of regularist agent	of title if an are strike (f)	PETs. Registered Agent's	agnature required when rein	ist iting)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12
TITLE /	√ VIE	☐ DELETE	1 1 T:TLE	i		Change Addition
	I DTAV IOCEDIIE	—				□ - 1-4- □ · 1-1-1-1
NAME	PTAK, JOSEPH F.		1.2 NAME	į.		<u> </u>
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STREET ADDRESS CHY+ST+ZIP	5910-G BRECKENRIDGE PKY TAMPA FL	_	13 STREET AT	i		
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4. For hereby certify that the information supplied with this tiling is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report to risupplemental annual report is true and accurate ano that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change in or an agraph of the internal with an address.

SIGNATURE:

TOSEPH FRAK, VICE PRESIDENT 4-3-96 813-621-9447