

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000070701

Entity Name: BIOMED FLORIDA, INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1995 EAST OAKLAND PARK BOULEVARD  
SUITE 100  
FT. LAUDERDALE, FL 33306 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

950 CALCON HOOK ROAD  
SUITE 15  
SHARON HILL, PA 19079 US

## **New Mailing Address:**

FEI Number: 26-0377054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301 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: DP  
Name: JONES, WILLIAM A  
Address: 1660 WALT WHITMAN ROAD, SUITE 105  
City-St-Zip: MELVILLE, NY 11747 US

Title: S  
Name: TEMPESTA, DONNA  
Address: 1660 WALT WHITMAN ROAD, SUITE 105  
City-St-Zip: MELVILLE, NY 11747 US

Title: T  
Name: FICHERA, RUSSELL  
Address: 1660 WALT WHITMAN ROAD, SUITE 105  
City-St-Zip: MELVILLE, NY 11747 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA TEMPESTA

S

04/27/2011

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

\_\_\_\_\_  
Date