

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED
AND
FILED

98 MAR 16 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G58783 (3)

1. Corporation Name
Bio-Services of Vero, Inc.

97-98 AR

Principal Place of Business Mailing Address

1849 25th Street 1849 25th Street
Vero Beach, Florida 32960 Vero Beach, FL
32960

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21. Suite, Apt #, etc	26. Suite, Apt #, etc.	59-2596695	09/09/1983 03/06/1996
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	6. Election Campaign Financing	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Burton, Thomas W. JR.
2235 44th Avenue
Vero Beach, FL 32960

10. Name and Address of New Registered Agent

81. Name: **Debra M. Secor**

82. Street Address (P.O. Box Number is Not Acceptable): **1849 25th Street**

83. City, State, Zip: **Vero Beach, FL 32960**

84. City: **FL** 85. Zip Code: **32960**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Debra M Secor* **DEBRA M SECOR** DATE: **3-13-98**

Signature typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	PDV	Burton, Jane P.	2235 44th Avenue	
	STD	Burton, Thomas, W	2235 44th Avenue	
			Vero Beach, FL 32960	<input type="checkbox"/> DELETE
			Vero Beach, FL 32960	<input type="checkbox"/> DELETE
			Vero Beach, FL 32960	<input type="checkbox"/> DELETE
			Vero Beach, FL 32960	<input type="checkbox"/> DELETE
			Vero Beach, FL 32960	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PD	Burton, Jane P.	1849 25th Street	
			Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	VD	Burton, Thomas W.	1849 25th Street	
			Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	ST	Secor, Debra M.	1849 25th Street	
			Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		200002462752--1	-03/20/98--01003--007	
		***900.00	***900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		REINSTATEMENT 97-98	3/16/98	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jane P. Burton* **Jane P. Burton** Date: **6/23/97** Daytime Phone #: **561-569-2284**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)