


**FILE NOW: FILING FEE AFTER MAY 1<sup>ST</sup> 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		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. Suite, Apt #, etc		26. Suite, Apt #, etc.		4. FEI Number		Applied For	
22. City & State		27. City & State		59-2596695		Not Applicable	
23. Zip		28. Zip		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing 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**      **Vero Beach, FL 32960**

**84 City**      **FL**      **85 Zip Code**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

**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 typed or printed name of signing officer or director

CR2E034 (9/96)