


**FILE NOW: FILING FEE AFTER MAY 1<sup>ST</sup> IS \$550.00**

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98 MAR 16 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morthorn**  
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**

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address	<b>4</b> FEI Number <b>59-2596695</b>	Applied For <input type="checkbox"/>	<b>3a.</b> Date of Last Report <b>03/06/1996</b>
<b>22</b> Suite, Apt #, etc	<b>27</b> Suite, Apt #, etc.	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>23</b> City & State	<b>28</b> City & State	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Zip	<b>25</b> Country	<b>29</b> Zip	<b>30</b> Country	<b>8.</b> 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	<b>PDV</b>	<input type="checkbox"/> DELETE
NAME	<b>Burton, Jane P.</b>	
STREET ADDRESS	<b>2235 44th Avenue</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32960</b>	<input type="checkbox"/> DELETE
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>Burton, Thomas, W</b>	
STREET ADDRESS	<b>2235 44th Avenue</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32960</b>	<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**

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

CR2E034 (9/96)