2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# F04000003512

Entity Name: BIOAVAILABILITY, INC.

Current Principal Place of Business:

1100 W. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1100 W. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-1189572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ST
Name: CHAMBERLIN, DEBBIE
Address: 1100 W. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D
Name: FALOON, WILLIAM
Address: 1100 W. COMMERCIAL BLVD
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D
Name: HARRIS, STEVE M.D.
Address: 1100 W. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D
Name: O'FARRELL, JOAN
Address: 1100 W. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: P
Name: GILNER, PAUL
Address: 1100 W. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33309

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: PAUL GILNER P 01/07/2011

Electronic Signature of Signing Officer or Director Date