## 2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000063895

**Entity Name:** AVEE LABORATORIES INC.

**Current Principal Place of Business:** 

14440 MYERLAKE CIRCLE CLEARWATER, FL 33760

**Current Mailing Address:** 

14440 MYERLAKE CIRCLE CLEARWATER, FL 33760 US

FEI Number: 26-3693303 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

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:

Date Electronic Signature of Registered Agent

Officer/Director Detail :

Title PRESIDENT, DIRECTOR Title **SECRETARY** 

PETERSON, JOHN Name Name KOLAJA, DARLENE

14440 MYERLAKE CIRCLE 14440 MYERLAKD CIRCLE Address Address CLEARWATER FL 33760 CLEARWATER FL 33760 City-State-Zip: City-State-Zip:

ASSISTANT SECRETARY Title Title ASST. SECRETARY, DIRECTOR

Name FISTER, JULIUS III BARRY, DOUGLAS Name

Address 51 SAWYER ROAD, SUITE 200 Address 51 SAWYER RD

STF 200

WALTHAM MA 02453 City-State-Zip:

WALTHAM MA 02453 City-State-Zip:

VICE PRESIDENT Title Title ASSISTANT TREASURER, DIRECTOR Name MALKANI, SANJAY

Name LEISENRING, STEVE Address 2 RESEARCH WAY

9775 SUMMERS RIDGE ROAD Address City-State-Zip: PRINCETON NJ 08540

City-State-Zip: SAN DIEGO CA 92121

Title V. TAX

**DIRECTOR** Title Name GEORGE, KRISTOPHER

Name TEITEL, DAVID 51 SAWYER ROAD, SUITE 200 Address

Address 51 SAWYER ROAD, SUITE 200 City-State-Zip: WALTHAM MA 02453

City-State-Zip: WALTHAM MA 02453

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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.

08/28/2015 SIGNATURE: DOUGLAS BARRY ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Aug 28, 2015

Secretary of State

CC2994255423

## Officer/Director Detail Continued:

TitleDTitleCFO, TREASURERNameMALKANI, SANJAYNameCHAPMAN, BARRYAddress2 RESEARCH WAYAddress3650 WESTWIND BLVD

City-State-Zip: PRINCETON NJ 08540 City-State-Zip: SANTA ROSA CA 95403