

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000043292

**Entity Name:** SAFETY PHARMACOLOGY CONSULTING, INC.

**Current Principal Place of Business:**

4180 DIXIE HWY NE  
PALM BAY, FL 32905

**Current Mailing Address:**

4180 DIXIE HWY NE  
PALM BAY, FL 32905 US

**FEI Number: 46-2773014**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BELL, CAROLINE P. PHD  
4180 DIXIE HWY NE  
PALM BAY, FL 32905 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PVST  
Name BELL, CAROLINE P. PHD  
Address 4180 DIXIE HWY NE  
City-State-Zip: PALM BAY FL 32905

Title D  
Name BELL, CAROLINE P. PHD  
Address 4180 DIXIE HWY NE  
City-State-Zip: PALM BAY FL 32905

*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: CAROLINE P. BELL**

**DIRECTOR**

**02/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date