

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000058410

**Entity Name:** BIOEXTENSION CORP

**Current Principal Place of Business:**

4250 ALAFAYA BLVD  
12-415  
OVIDO, FL 32765

**Current Mailing Address:**

4250 ALAFAYA BLVD  
12-415  
OVIDO, FL 32765 US

**FEI Number:** 46-3171125

**Certificate of Status Desired:** Yes

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

COWLES, THOMAS CA  
4250 ALAFAYA BLVD  
12-415  
OVIDO, FL 32765 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:** THOMAS CA COWLES

04/21/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	COWLES, THOMAS CA	Name	COWLES, THOMAS CA
Address	4250 ALAFAYA BLVD 12-415	Address	4250 ALAFAYA BLVD 12-415
City-State-Zip:	OVIDO FL 32765	City-State-Zip:	OVIDO FL 32765
Title	T, S		
Name	COWLES, THOMAS CA		
Address	4250 ALAFAYA BLVD 12-415		
City-State-Zip:	OVIDO FL 32765		

*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:** THOMAS COWLES

**PRESIDENT**

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date