

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003512

**Entity Name:** BIOAVAILABILITY, INC.

**Current Principal Place of Business:**

3600 W. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33309

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC9579531276**

**Current Mailing Address:**

3600 W. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33309

**FEI Number: 20-1189572**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ST  
Name MARKELL, KATHLEEN  
Address 3600 W. COMMERCIAL BLVD.  
City-State-Zip: FT. LAUDERDALE FL 33309

Title D  
Name FALON, WILLIAM  
Address 3600 W. COMMERCIAL BLVD  
City-State-Zip: FT. LAUDERDALE FL 33309

Title D  
Name HARRIS, STEVE M.D.  
Address 3600 W. COMMERCIAL BLVD.  
City-State-Zip: FT. LAUDERDALE FL 33309

Title D  
Name O'FARRELL, JOAN  
Address 3600 W. COMMERCIAL BLVD.  
City-State-Zip: FT. LAUDERDALE FL 33309

Title P  
Name GILNER, PAUL  
Address 3600 W. COMMERCIAL BLVD.  
City-State-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**

**01/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date