

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003512

**Entity Name:** BIOAVAILABILITY, INC.**Current Principal Place of Business:**3600 W. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33309**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:**CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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:** JIM PERKINS

03/09/2020

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:** MARKELL , KATHLEEN

ST

03/09/2020

Electronic Signature of Signing Officer/Director Detail

Date