

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000000027

Entity Name: NEXTGEN BIOLOGICS, INC.**Current Principal Place of Business:**101 SE 2ND PL, #E201H
GAINESVILLE, FL 32601**Current Mailing Address:**101 SE 2ND PL, #E201H
GAINESVILLE, FL 32601 US**FEI Number:** 47-1047118**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOOTHMAN, JONELLE
101 SE 2ND PL, #E201H
GAINESVILLE, FL 32601 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 CHRM
Name GROOMS, JAMIE
Address 6565 SW 81ST BLVD.
City-State-Zip: GAINESVILLE FL 32653

Title P
Name TOOTHMAN, JONELLE
Address 4939 SW 91ST DRIVE
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name HAMISTER, MARK
Address 10 LAFAYETTE SQUARE, SUITE 1900
City-State-Zip: BUFFALO NY 14203

Title D
Name KLUFT, GERALD
Address 13191 STARKEY ROAD, SUITE #9
City-State-Zip: LARGO FL 33773

Title DIRECTOR
Name WASSEL, SHERRICK
Address 235 EAST PRINCETON STREET
210
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name LEVY, ELAD
Address 888 LEBRUN RD
City-State-Zip: AMHERST NY 14226

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: JONELLE TOOTHMAN**CEO****02/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date