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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 833780

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GAMMA BIOLOGICALS, INC.

Mailing Address

FILED Apr 15 1997 8:00am Secretary of State



GAMMA BIO	OWARD BLVD.	\$S	Mailing Address 3700 MANGUM RD HOUSTON TX 77092 US	-5408		3. Date Incorpora	ited or Qualified	3a. Date of	Last R	aporl
						02/06/1975		04/24/1		
	Place of Bus	A ^{SS}	2a. Mailing Address		01	4, FEI Number				plied For
21 4/1		DIOLOGICALS		PANGUM	.Rd.	74-166843	Kb .		<u> </u>	t Applicable
22 Strte, A	pt #, etc		Suite, Apt. #, etc	J.		5. Certificate of S	tatus Desired	□ >	6.75	Additional soutred
City & S	tate		City, & State			6. Election Camp	alon Financino			May Be
23			28 HOUSE	on . TE	X45	Trust Fund Cor			Added t	
Z _(β)		Country	Zip		intry	8. This corporation	n has liability for i	intangible tax u	ınder s.	199.032,
24		25	29 7709A	30	<u>USF</u>]Yes □ N		
		e and Address of Current	t Registered Agent		04 1	10. Name and Ad	dress of New Re	gistered Ager	ıt	
		ATION SYSTEM			B1 Name					
		PINE ISLAND ROAD			82 Street	Address (P.O. Box Number	r is Not Acceptab	ole)		
P	LANTATION	TL 33324			83					
					84 City			FL 85	Zip (Code
office c	or redistered a	igent, or both, in the State.	of Florida. Such change.	was authorize	d by the cor	corporation submits this s poration's board of directo	rs. I hereby accer	ot the appointm	nent as	registered
agent SIGNATUR	£	with, and accept the obliga				B feaulted when reinstation)		DATE		
	£	with, and accept the obligated age. OFFICERS AND	al and the diapplicable			Prequired when reinstating) ADDITIONS/CH.	ANGES TO OFFIC	DATE CERS AND DIR	ECTOR	S IN 12
SIGNATUR	Signature type	d or profest name of registaried ages OFFICERS AND	al and the diapplicable	(NOTE: Registerer	d Agent signatur		ANGES TO OFFIC	ERS AND DIR	ECTOR Change	
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Information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: