(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Bostwick Labratories Inc.  (Name of Corporation)
DOCUMENT NUMBER: F04000000751e
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Raquall T. Carly (Name of Contact Person)  Bestwick Laboratories, Inc. (Firm/Company)
4355 Innelake Drive (Address)
Glen Allen, VA 230100 (City/State and Zip Code)
For further information concerning this matter, please call:
Raqual T. Corley at (804) 964 - 9225 x 1304 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)



April 10, 2006

RAQUEL T. CORLEY BOSTWICK LABORATORIES, INC. 4355 INNSLAKE DRIVE GLEN ALLEN, VA 23060

SUBJECT: BOSTWICK LABORATORIES, INC.

Ref. Number: F0400000756

We have received your document for BOSTWICK LABORATORIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 306A00024087

DE APRISE AM 8: 00

RECEIVED

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Nevada
•	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	e corporation: BOSTWICK LABORATORIES, INC.
2. The principal of	ffice address: 4355 INNSLAKE DRIVE
	GLEN ALLEN VA 23060
3. The mailing add	dress (if different): P.O. BOX 5064
	GLEN ALLEN VA 23058
4. Date of incorpo	ration/qualification: 02/10/2004 Document number: F04000000756
5. The name and s Florida Departn	treet address of the current registered agent and registered office on file with the nent of State:
V	VOESSNER, BETSY "DOROTHY
2	2500 SAND LAKE RD.
_	ORLANDO FL 32809
6. The name and s (if changed):	ORLANDO FL 32809  treet address of the new registered agent (if changed) and /or registered office  C T Corporation System
_	C T Corporation System
_	c/o C 1 Corporation System, 1200 South Pine Island Road
	(P.O. Box NOT acceptable) Plantation, Florida 33324
	<del></del>
The street address as changed will b	s of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
	CT Copporation System  C. Dorthuk  Of an officer of director)  David G. Rostwick, M.D., M.B.A. / CEO + Mesid
I hereby accept the I further agree to of my duties, and document is being corporation has b	ne appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this giled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
	4/18/02
	ature of Registered Agent) (Date)
If signing on beha	Judith B. Argao  Asst. Secretary & V. President  od or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)