

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000756

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: BOSTWICK LABORATORIES, INC.

## Current Principal Place of Business:

4355 INNSLAKE DRIVE  
GLEN ALLEN, VA 23060

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5064  
GLEN ALLEN, VA 23058

## New Mailing Address:

4355 INNSLAKE DRIVE  
GLEN ALLEN, VA 23060

FEI Number: 05-0593169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: BOSTWICK, DAVID G MD  
Address: 4355 INNSLAKE DRIVE  
City-St-Zip: GLEN ALLEN, VA 23060

Title: CPD ( ) Delete  
Name: BOSTWICK, DAVID G MD  
Address: 4355 INNSLAKE DRIVE  
City-St-Zip: GLEN ALLEN, VA 23060

Title: V/S ( ) Delete  
Name: BOSTWICK, RICHARD ESQ  
Address: 4355 INNSLAKE DRIVE  
City-St-Zip: GLEN ALLEN, VA 23060

Title: T ( ) Delete  
Name: LEVINE, GARY S CPA  
Address: 4355 INNSLAKE DRIVE  
City-St-Zip: GLEN ALLEN, VA 23060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: BOSTWICK, DAVID G MD  
Address: 2500 SAND LAKE RD  
City-St-Zip: ORLANDO, FL 32809

Title: CPD (X) Change ( ) Addition  
Name: BOSTWICK, DAVID G MD  
Address: 2500 SAND LAKE RD  
City-St-Zip: ORLANDO, FL 32809

Title: V/S (X) Change ( ) Addition  
Name: BOSTWICK, RICHARD T ESQ  
Address: 4355 INNSLAKE DRIVE  
City-St-Zip: GLEN ALLEN, VA 23060

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD T. BOSTWICK

V/S

01/12/2009

Electronic Signature of Signing Officer or Director

Date