

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **G18227** (0)

1. Corporation Name
BIOSERV, INC.



Principal Place of Business

Mailing Address

% VINCENT R. SAURINO
4260 NW 1ST AVE
BOCA RATON FL 33431

Stephen Drake
1200 No. Fed. Hwy, #200
Boca Raton, FL
33432

% VINCENT R. SAURINO
4260 NW 1ST AVE
BOCA RATON FL 33431

Stephen Drake
1200 No. Federal Hwy, #200
Boca Raton, FL
33432

3. Date Incorporated or Qualified
01/11/1983

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21 **1200 No. Federal Hwy**

26 **1200 No. Federal Hwy**

4. FEI Number
59-2275281

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 200**

27 **Suite 200**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Boca Raton, FL**

28 **Boca Raton, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33432**

25 **USA**

29 **33432**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAURINO, VINCENT R.
% BIOSERV, INC.
4260 NW 1ST AVE
BOCA RATON FL 33431

81 Name **Stephen Drake**
82 Street Address (P.O. Box Number is Not Acceptable)
1200 No. Federal Hwy, #200
83
84 City **Boca Raton** FL 85 Zip Code **33432**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT** ☐ DELETE
NAME **SAURINO, DR VINCENT**
STREET ADDRESS **4260 NW 1ST AVE #47**
CITY- ST- ZIP **BOCA RATON FL**

1.1 TITLE **Co-Chairman = C** ☐ Change ☒ Addition
1.2 NAME **Stephen Drake**
1.3 STREET ADDRESS **1200 No. Federal Hwy, Suite 200**
1.4 CITY- ST- ZIP **Boca Raton, FL 33432**

TITLE **DVP** ☐ DELETE
NAME **WARNER, KATE**
STREET ADDRESS **4260 NW 1ST AVE #47**
CITY- ST- ZIP **BOCA RATON FL**

2.1 TITLE **Co-Chairman = C** ☐ Change ☒ Addition
2.2 NAME **Louis Difo**
2.3 STREET ADDRESS **1200 No. Federal Hwy, Ste 200**
2.4 CITY- ST- ZIP **Boca Raton, FL 33432**

TITLE **DS** ☐ DELETE
NAME **WARNER, KATE**
STREET ADDRESS **4260 NW 1ST AVE #47**
CITY- ST- ZIP **BOCA RATON FL**

3.1 TITLE **Co-Chairman = C** ☐ Change ☒ Addition
3.2 NAME **Dieter Simonson**
3.3 STREET ADDRESS **1200 No. Federal Hwy, Ste 200**
3.4 CITY- ST- ZIP **Boca Raton, FL 33432**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 407-447-8223

Date Daytime Phone #

CR2E034 (12/95)