

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038061

Entity Name: BIO-SCAFFOLD, LLC

FILED
Jul 14, 2007
Secretary of State

Current Principal Place of Business:

C/O JAMES C. GIBSON
300 SPOTTIS WOODS CT.
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

C/O JAMES C. GIBSON
300 SPOTTIS WOODS CT.
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAYMOND, J. PAUL
625 COURT ST., STE. 200
CLEARWATER, FL 33756 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIBSON, JAMES C
Address: 300 SPOTTIS WOODS CT.
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM () Delete
Name: FISHER, JOHN S
Address: 310 PALMETTO RD
City-St-Zip: BELLEAIR, FL 33756

Title: MGRM () Delete
Name: AHARI, FRED
Address: 6340 PINNACLE RIDGE DR.
City-St-Zip: TUCSON, AZ 85718

ADDITIONS/CHANGES:

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

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES C. GIBSON

MGRM

07/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date