Profit Corp. FLORIDA DEPARTMENT OF ST Katherine Harris Secretary of State DIVISION OF CORPORATION

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # 125720

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90033 027 ***150.00

 Corporation 										
ROBERT	ΓA. RAND, P.A.									
							<u> </u>			
Principal Plac	ce of Business	Mailing A	Address						simii misića	
908 THOMASV	ILLE RD	908 THOM	MASVILLE RD							
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303							DO NOT WOITE IN	rue en	ACE	
US		US					DO NOT WRITE IN	HIS 5P	ACE	
		.4					3. Date Incorporated or Qualifed			
2. Principal Place of Business 2a. Mailing Address							10/25/1989 4. FEI Number		A =	- U- d F
	Place of Business	<u> </u>	ng Address						\vdash	olied For Applicable
21 Suite Ant	# ata	26 Suite	e, Apt. #, etc.				59-2906702	: (\$8.75 A	
Suite, Apt.	. #, etc.	27	, др. т, во.				5. Certificate of Status Desired	1 4 7	Fee Re	auired
City & Sta	te .		& State				6. Election Campaign Financing		\$5.00	<u> </u>
	i.e	28	a ciaio				Trust Fund Contribution		Added t	
Zip	Country	Zip		Cou	intry		8. This corporation owes the current year	r Intana		5 1 000
24	25	29	'	30	,		Personal Property Tax.		Yes	□No .
24	9. Name and Address of Cu			[30]	1		10. Name and Address of New Register			=
	5. Italie did Addiess of Os	TOTAL TO BIOLOGIC	, , , , , , , , , , , , , , , , , , ,		81	Name				
RAN	ID, ROBERT A.									
262	HIAMONEE DRIVE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32312					83			-		
								*	4 1 1	
					84	City	**************************************	FI 🏻	35 Zip (ode (
SIGNATURE	am familiar with, and accept the ob	ŕ				signature required	when reinstating) DAT	E		
12.	OFFICERS	AND DIRECTOR	≀S	13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	D		☐ DELETE	1.1 Π	TLE] Change	☐ Addition
NAME	rand, robert a.			1.2 NA	AME					•
STREET ADDRESS	262 HIAMONEE DRIVE						•		-	
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TITLE					TY-ST-Z			·	Ţ	i.e.
NAME		- 18	☐ DELETE		TY-ST-Z] Change	Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and scurgate 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 13 if cytanges or on an attachment with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR