

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M77828

Entity Name: BIOLOGICS, INC.

FILED  
Jun 01, 2009  
Secretary of State

**Current Principal Place of Business:**

33 NORTH GARDEN AVENUE  
SUITE 875  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

**Current Mailing Address:**

33 NORTH GARDEN AVENUE  
SUITE 875  
CLEARWATER, FL 33755 US

**New Mailing Address:**

FEI Number: 59-2886448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAGOPIAN, MARK  
33 NORTH GARDEN AVENUE  
STE 875  
CLEARWATER, FL 33755 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: HAGOPIAN, MARK  
Address: 33 NORTH GARDEN AVENUE, SUITE 875  
City-St-Zip: CLEARWATER, FL 33755 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARK HAGOPIAN

PSTD

06/01/2009

Electronic Signature of Signing Officer or Director

Date