
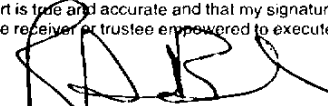


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | |
|--|---------------------------|--|--------------------------|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | |
| 1. Name and Mailing Address of Limited Liability Company BIOAVAILABILITY SYSTEMS, L.L.C. 180 PINELLAS LANE, SUITE 101 COCOA BEACH FL 32931 | | DOCUMENT # M96000000501 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
| 3. Date Organized or Qualified 12/17/1996 | | 3a. State of Formation MD | |
| 4. FEI Number 52-1987686 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Date of Last Report 04/06/1998 | | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent SUNDIN, GLENN T ESQUIRE 653 BREVARD AVENUE COCOA FL 32922 | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 900002820719-0 -03/26/99 -01118-012 ****126075 ****188.75 FL | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | |
| SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not changing) | | DATE _____ | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGRM | BAUGHER, ROBERT A | 180 PINELLAS LANE, SUITE 1 | COCOA BEACH FL |
| MGRM | HARRIS, JAMES W | 180 PINELLAS LANE, SUITE 1 | COCOA BEACH FL |
| 11. I do 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 is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address. | | | |
| SIGNATURE:  SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNER) MANAGING MEMBER, MANAGER, RECEIVER, TRUSTEE, OR OTHER AUTHORIZED OFFICER | | | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

180 PINELLAS LANE, SUITE 101
COCOA BEACH FL 32931

3. Date Organized or Qualified

12/17/1996

3a. State of Formation

MD

4. FEI Number

52-1987686

☐ Applied For

☐ Not Applicable

5. Date of Last Report

04/06/1998

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

SUNDIN, GLENN T ESQUIRE
653 BREVARD AVENUE
COCOA FL 32922

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

900002820719-0

-03/26/99 -01118-012

****126075 ****188.75

FL

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not changing)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM BAUGHER, ROBERT A

180 PINELLAS LANE, SUITE 1 COCOA BEACH FL

MGRM HARRIS, JAMES W

180 PINELLAS LANE, SUITE 1 COCOA BEACH FL

SL
3-24-99

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SIGNATURE:

SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNER) MANAGING MEMBER, MANAGER, RECEIVER, TRUSTEE, OR OTHER AUTHORIZED OFFICER

Date

Display Page #