

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006762

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**Entity Name:** RESEARCH OUTCOMES & INNOVATIONS, INC.

**Current Principal Place of Business:**

1719 ALMERIA WAY SOUTH  
ST PETERSBURG, FL 33712

**New Principal Place of Business:**

1719 ALMERIA WAY SOUTH  
ST PETERSBURG, FL 33712 US

**Current Mailing Address:**

1719 ALMERIA WAY SOUTH  
ST PETERSBURG, FL 33712

**New Mailing Address:**

**FEI Number:** 27-0563103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOWSKI, STANLEY T  
1719 ALMERIA WAY SOUTH  
ST PETERSBURG, FL 33712 US

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

KOWSKI, STANLEY T  
1719 ALMERIA WAY SOUTH  
SAINT PETERSBURG, FL 33712 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: STANLEY T. KOWSKI

03/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KOWSKI, MARGARET A  
Address: P.O. BOX 51452  
City-St-Zip: PIEDMONT, SC 29673

Title: V  
Name: KOWSKI, J STEPHEN  
Address: 1719 ALMERIA WAY SOUTH  
City-St-Zip: ST PETERSBURG, FL 33712

Title: ST  
Name: KOWSKI, STANLEY T  
Address: P.O. BOX 51452  
City-St-Zip: PIEDMONT, SC 29673

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STANLEY T. KOWSKI

ST

03/11/2012

Electronic Signature of Signing Officer or Director

Date