

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001563

FILED
Jan 16, 2009
Secretary of State

Entity Name: BIOFLORIDA, INC.

Current Principal Place of Business:

222 LAKEVIEW AVENUE
4TH FLOOR
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

222 LAKEVIEW AVENUE
4TH FLOOR
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-3436638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, GREGORY A ESQ.
222 LAKEVIEW AVENUE
SUITE 400
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title: CHR () Delete
Name: MCLAIN, THOMAS H
Address: 5800 PARK OF COMMERCE BLVD NW
City-St-Zip: BOCA RATON, FL 33487

Title: SEC () Delete
Name: NELSON, GREGORY A
Address: 222 LAKEVIEW AVENUE, STE 400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TRES () Delete
Name: COTE, M. CAMILA
Address: 250 S AUSTRALIAN AVE, STE 900
City-St-Zip: WEST PALM BEACH, FL 33401

Title: CEO () Delete
Name: ALLEN, C. RUSSELL
Address: 222 LAKEVIEW AVE STE 400
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHR (X) Change () Addition
Name: MCLAIN, THOMAS H
Address: 10100 DR. M.L. KING JR. ST. N
City-St-Zip: ST PETERSBURG, FL 33716

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

Title: TRES (X) Change () Addition
Name: STEVENS, THOMAS
Address: 250 S AUSTRALIAN AVE, STE 900
City-St-Zip: WEST PALM BEACH, FL 33401

Title: CEO (X) Change () Addition
Name: ALLEN, C. RUSSELL
Address: 222 LAKEVIEW AVE STE 400
City-St-Zip: WEST PALM BEACH, FL 33401

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

SIGNATURE: C. RUSSELL ALLEN

CEO

01/16/2009

Electronic Signature of Signing Officer or Director

Date