

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000024696

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** BIOLOGICAL CONSULTING SERVICES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

4909A NW 6TH STREET  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

4609 NW 6TH STREET  
STE A  
GAINESVILLE, FL 32609

**Current Mailing Address:**

4909A NW 6TH STREET  
GAINESVILLE, FL 32609

**New Mailing Address:**

4609 NW 6TH STREET  
STE A  
GAINESVILLE, FL 32609

**FEI Number:** 59-3630045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUKASIK, JERZY  
4609A NW 6TH STREET  
GAINESVILLE, FL 32609 US

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

LUKASIK, JERZY  
4609 NW 6TH STREET  
STE A  
GAINESVILLE, FL 32609 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:

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LUKASIK, JERZY  
Address: 4609 NW 6TH STREET, STE A  
City-St-Zip: GAINESVILLE, FL 32609

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

SIGNATURE: JERZY LUKASIK

D

01/05/2011

Electronic Signature of Signing Officer or Director

Date