

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000072867

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL BIO-SCIENTIFIC CONSULTING, INC.

**Current Principal Place of Business:**

4670 CARLTON DUNES DRIVE  
#13  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

1417 SADLER RD  
#314  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

**FEI Number:** 65-1147976      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

LBA  
501 RIVERSIDE AVE SUITE 800  
JACKSONVILLE, FL 32202 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: PCD  
Name: CRAIGHEAD, JOHN E  
Address: 1417 SADLER RD, #314  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: STD  
Name: CRAIGHEAD, CHRISTINA C  
Address: 1417 SADLER RD, #314  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: CHRISTINA C CRAIGHEAD

STD

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date