

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90015 004 \*\*\*150.00

**DOCUMENT # P02000007024**

1. Entity Name

**BIOSYS CORPORATION**



Principal Place of Business

**1601 SOUTH HIGHLAND AVE.  
SUITE D  
LARGO FL 33756**

Mailing Address

**1601 SOUTH HIGHLAND AVE.  
SUITE D  
LARGO FL 33756**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

**27-0001134**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HYSMITH, ROBERT M  
1601 S. HIGHLAND AVE., STE D  
CLEARWATER FL 33756**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! - FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete  
NAME **HYSMITH, ROBERT M**  
STREET ADDRESS **1601 S. HIGHLAND AVE, STE D**  
CITY-ST-ZIP **LARGO FL 33756**

TITLE **P.C.** ☒ Change ☐ Addition  
NAME **Fernando Acunza**  
STREET ADDRESS **~~1601 S. HIGHLAND AVE~~ P.O. Box 66719**  
CITY-ST-ZIP **St. Pete Beach FL 33736-6719**

TITLE **CFO** ☐ Delete  
NAME **TOWNE, ALYN**  
STREET ADDRESS **1601 S. HIGHLAND AVE STE D**  
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alyn Towne* **Alyn Towne**

**CFO**

**4-1-08 727 334 9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #