

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120845

Entity Name: BIOSTAR CONSULTING, INC.

FILED  
Apr 23, 2008  
Secretary of State

## Current Principal Place of Business:

1191 E. NEWPORT CENTER DRIVE  
C/O GM FINANCIAL GROUP # 103  
DEERFIELD BEACH, FL 33442

## New Principal Place of Business:

## Current Mailing Address:

1191 E. NEWPORT CENTER DRIVE  
C/O GM FINANCIAL GROUP # 103  
DEERFIELD BEACH, FL 33442

## New Mailing Address:

FEI Number: 13-4219700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALMER, CAROL J  
1191 E. NEWPORT CENTER DRIVE  
C/O GM FINANCIAL GROUP # 103  
DEERFIELD BEACH, FL 33442 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PALMER, CAROL J  
Address: 1191 E. NEWPORT CTR DR. #103  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VTSD ( ) Delete  
Name: OLDROCK, LISA M  
Address: 2013 WOODLAKE CT  
City-St-Zip: NASHVILLE, TN 37214

Title: ED ( ) Delete  
Name: PALMER, DENNIS A  
Address: 1191 E. NEWPORT CTR DR # 103  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: DF ( ) Delete  
Name: OLDROCK, GEORGE  
Address: 2013 WOODLAKE CT  
City-St-Zip: NASHVILLE, TN 37214

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition  
Name: OLDROCK, LISA M  
Address: 2013 WOODLAKE CT  
City-St-Zip: NASHVILLE, TN 37214

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

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

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

SIGNATURE: LISA M. OLDROCK

VPD

04/23/2008

Electronic Signature of Signing Officer or Director

Date