2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123227

City-St-Zip:

GAINESVILLE, FL 32605

Entity Name: AXOGEN CORPORATION

FILED May 27, 2004 Secretary of State

Entity Nai	me: AXOGEN	CORPORATION			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6565 N.W. 81ST BLVD. GAINESVILLE, FL 32653			SUITE 202	2153 SE HAWTHORNE ROAD SUITE 202 GAINESVILLE, FL 32641	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX GAINESVI	357787 LLE, FL 3263	57787			
FEI Number	: 55-0805988	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
GAINESVI	. 81ST BLVD. LLE, FL 3265		purpose of abanging its registere	d office or registered agent, or both,	
	e of Florida.	submits this statement for the p	purpose of changing its registered	a office of registered agent, of both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (GROOMS, JAN 6565 N.W. 818 GAINESVILLE,	ST BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CARABILLO, E	EET, SUITE 120	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (DINOPOLOUS 2835 N.W. 23F	•	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: JAMIE M. GROOMS D 05/27/2004