

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90093 012 ***150.00

DOCUMENT # P02000123227

1. Entity Name
AXOGEN CORPORATION



Principal Place of Business
6565 N.W. 81ST BLVD.
GAINESVILLE, FL 32653

Mailing Address
6565 N.W. 81ST BLVD.
GAINESVILLE, FL 32653

2. Principal Place of Business

3. Mailing Address

PO Box 357787

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GAINESVILLE, FL

Zip

Country

Zip

Country

32635-7787 US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

55-0805988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROOMS, JAMIE M
6565 N.W. 81ST BLVD.
GAINESVILLE, FL 32653

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
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

TITLE **D** ☐ Delete
NAME **GROOMS, JAMIE M**
STREET ADDRESS **6565 N.W. 81ST BLVD.**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE **D** ☐ Delete
NAME **CARABILLO, ERNEST JR.**
STREET ADDRESS **100 MAIN STREET, SUITE 120**
CITY-ST-ZIP **CONCORD, MA 01742**

TITLE **D** ☐ Delete
NAME **DINOPOLOUS, ELIAS**
STREET ADDRESS **2835 N.W. 23RD DRIVE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

John P. Engels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. ENGELS, Sec-Treas

Date

Daytime Phone #

CR2E034 (10/02)