

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000083417

1. Entity Name
BIO-INNOVATIVE OPERATIONS, INC.



Principal Place of Business
245 SAINT JAMES WAY
NAPLES, FL 34104-6715

Mailing Address
245 SAINT JAMES WAY
NAPLES, FL 34104-6715

FILED
Apr 21, 2008 08:00 AM
Secretary of State



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8828404

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGRAW, DOONAN D
245 SAINT JAMES WAY
NAPLES, FL 34104-6715

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000913345
05/08/08 0012 014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CASOLA, ROBERT P
6570 DANIELS RD
NAPLES, FL 341090553

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
KLAYMAN, BARRY H
3903 VALENCIAL WAY
NAPLES, FL 341196715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MCGRAW, DOONAN D
245 SAINT JAMES WAY
NAPLES, FL 341046715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Doonan D. McGraw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doonan D. McGraw

April 18, 2008

Date

239-353-3372

Daytime Phone #