

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083417

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: BIO-INNOVATIVE OPERATIONS, INC.

## Current Principal Place of Business:

245 SAINT JAMES WAY  
NAPLES, FL 341046715

## New Principal Place of Business:

## Current Mailing Address:

245 SAINT JAMES WAY  
NAPLES, FL 341046715

## New Mailing Address:

FEI Number: 20-8828404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGRAW, DOONAN D  
245 SAINT JAMES WAY  
NAPLES, FL 341046715 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: PTD ( ) Delete  
Name: CASOLA, ROBERT P  
Address: 6570 DANIELS RD  
City-St-Zip: NAPLES, FL 341090553

Title: VD ( ) Delete  
Name: KLAYMAN, BARRY H  
Address: 3903 VALENCIAL WAY  
City-St-Zip: NAPLES, FL 341196715

Title: VSD ( ) Delete  
Name: MCGRAW, DOONAN D  
Address: 245 SAINT JAMES WAY  
City-St-Zip: NAPLES, FL 341046715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CASOLA, ROBERT P  
Address: 6570 DANIELS RD  
City-St-Zip: NAPLES, FL 341090553

Title: VTD (X) Change ( ) Addition  
Name: KLAYMAN, BARRY H  
Address: 3903 VALENCIAL WAY  
City-St-Zip: NAPLES, FL 341196715

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: DOONAN D. MCGRAW

VSD

04/08/2009

Electronic Signature of Signing Officer or Director

Date