

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102948

Entity Name: AUTOVAXID, INC.

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

324 S. HYDE PARK AVE., STE. 350
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

324 S. HYDE PARK AVE., STE. 350
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-5342887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNULTY, JAMES A CPA
324 S. HYDE PARK AVE.
SUITE 350
TAMPA, FL 33606 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: CEO () Delete
Name: ARIKIAN, STEVEN MD
Address: 324 S. HYDE PARK AVE., STE. 350
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: O'DONNELL, FRANCIS E. MD
Address: 324 S. HYDE PARK AVE., STE. 350
City-St-Zip: TAMPA, FL 33606 US

Title: CFO () Delete
Name: MCNULTY, JAMES A CPA
Address: 324 S. HYDE PARK AVE., STE. 350
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: CHAPMAN, CHRISTOPHER C
Address: 324 S. HYDE PARK AVE., STE. 350
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: WEISS, ROBERT D
Address: 324 S. HYDE PARK AVE., STE. 350
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: MANNINO, RAPHAEL PHD
Address: 324 S. HYDE PARK AVE., STE. 350
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: O'DONNELL, FRANCIS E MD
Address: 324 S. HYDE PARK AVE., STE. 350
City-St-Zip: TAMPA, FL 33606 US

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

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

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: JAMES A. MCNULTY, CPA

SECR

01/09/2008

Electronic Signature of Signing Officer or Director

Date