

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000050239

Entity Name: BIOLIFE MEDICAL INC

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11250 ALUMNI WAY  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

11250 ALUMNI WAY  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

P.O. BOX 17537  
JACKSONVILLE, FL 32244 US

FEI Number: 27-2839494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DOYLE, WILLIAM E ESQ  
2121 CORPORATE SQUARE BLVD  
SUITE 124  
JACKSONVILLE, FL 32216 US

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: WILLIAM E. DOYLE

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OWEN, SHAWN M  
Address: P.O. BOX 17537  
City-St-Zip: JACKSONVILLE, FL 32244 US

I hereby 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 all other like empowered.

SIGNATURE: SHAWN OWEN

PRES

04/22/2011

Electronic Signature of Signing Officer or Director

Date