

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000043824

FILED
Apr 26, 2012
Secretary of State

Entity Name: BIOLOGIC THERAPIES, INC

Current Principal Place of Business:

5817 NW 44TH AVE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

5817 NW 44TH AVE
OCALA, FL 34482

New Mailing Address:

FEI Number: 45-4502765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODGERS, KAREN
14879 SW 39TH CIRCLE
OCALA, FL 34473 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: WHALEN, LUKE
Address: 5817 NW 44 AVENUE
City-St-Zip: OCALA, FL 34482

Title: VD
Name: BOLLES, CHARLES
Address: 600 E. JOHN CARPENTER FRW - SUITE 130
City-St-Zip: IRVING, TX 75062

Title: D
Name: MCKENNA, WADE DR.
Address: 600 E. JOHN CARPENTER FRW-SUITE 130
City-St-Zip: IRVING, TX 75062

Title: PD
Name: BALES, STEPHEN C
Address: 5817 NW 44 AVENUE
City-St-Zip: OCALA, FL 34482

Title: TD
Name: STOPANIO, ANGELA
Address: 5817 NW 44 AVENUE
City-St-Zip: OCALA, FL 34482

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: ANGELA STOPANIO

TD

04/26/2012

Electronic Signature of Signing Officer or Director

Date