## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000054379

Entity Name: USA RESEARCH INSTITUTE OF BIOLOGIC MEDICINE, INC.

FILED Feb 24, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 4445 WEST 16 AVENUE #401 HIALEAH, FL 33012 **New Mailing Address: Current Mailing Address:** 4445 WEST 16 AVENUE HIALEAH, FL 33012 US FEI Number: 65-0507191 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: NICOLAS, FRANCISCA 3641 W 2ND AVE HIALEAH, FL 33012 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete Title: (X) Change ( ) Addition S ARMENGOL, SALVADOR ARMENGOL, SALVADOR Name: 4445 W 16TH AVE #401 4445 W 16TH AVE #401 Address: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

Title: Name: Address: City-St-Zip:

( ) Delete Title: Title: () Change () Addition

Name: NICOLAS, FRANCISCA Name: 3641 W 2ND AVE Address: Address: HIALEAH, FL 33012 City-St-Zip: 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: SALVADOR ARMENGOL **PRES** 02/24/2009