PROFIT CORPORATION ANNUAL REPORT

1999

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## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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Principal Plac	N Name H BIOLOGICS, INC.  Re of Business NE BLVD. #400	Mailing Address 12000 BISCAYNE BLVD. #4 MIAMI FL 33181	00	<u> </u>	3. Date Incorporated or Quali	VRITE IN THI		
2. Principal F	Place of Business	2a. Mailing Address			04/30/1998 4. FEI Nu nber		Api	plied For
1		26			1 59-12-70	754		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>.</b> 🗆	\$8.75 A Fee Re	
2		City & State			6. Election Campaign Financi			May Be
City & Sa	ie	28		***	Trust Fund Contribution	ūġ 🖸	Added to	
Zip	Country	Zip	Country		8. This corporation owes the	current year I	ntangible	
14	[25]	29	30		Personal Property Tax.		Yes	[]No
	9. Name and Address of Current	Registered Agent			10. Name and Address of Na	w Registere	d Agent	
			81	Name				
	REPORATION SERVICE COMPANY		82	Street Acc	tress (P.O. Box Number is Not Acc	eptable)		
	1 HAYS STREET			ļ				
IALI	LAHASSEE FL 32301-2525		83		-			
			84	City		F	85 Zip C	ode
	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and arcept the obligate			Ĺ <u> </u>				enieterod
SIGNATUFE	Signeture, typed or printed name of registered agent		Registered Ager	k eignature requi	red when reinstating)	DATE		· <b>-</b>
16.	OF FIGURE	DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS 1		
ITILE	D	DIRECTORS DELETE	1.1 TITLE		ADDITIONS/CHANGES TO	OFFICERS 1	ND DIRECTO	RS IN 12Addition
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14. Here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if change 1, or on an adaptificent with an address, with all other like empowered.

SIGNATURE

FOR

SHAPIRA 4.

4-22-49 305 67341

**FILED** 

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90192 029 \*\*\*150.00

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