1. Entity Name BIODESI	MENT # <b>P990000</b> GN CORPORATION	FILED Aug 01, 2000 8:00 am Secretary of State				
Principal Place 1101 N LAKE D MAITLAND FL 3	Destiny RD. Suite 450	Mailing Address 1101 N LAKE DESTINY RD. MAITLAND FL 32751	SUITE 450	05-18-2000 90325 036 ***150.00		
2. Principal Pl	ace of Business	3. Mailing Address				
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	, <u>, , , , , , , , , , , , , , , , , , </u>	City & State		4. FEI Number Applied For Not Applicabl		
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Status Desired Fee Required		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent		
090	ALD, KENNETH F		Name			
600	COURTLAND ST, SUITE 110		Street Addres	ss (P.O. Box Number is Not Acceptable)		
UKU	ANDO FL 32804		City	<b>CI</b> Zip Code		
				stered agent, or both, in the State of Florida.		
I. This corpo	Signature, typed or printed name of registered agent an ration is eligible to satisfy its Intangible equirement and elects to do so. a on back)	FILE NOW!	Registered Agent signature requ IFEE IS \$550.00 3, 2000 Min. will be \$2 to Department of S	10. Election Campaign Financing     \$5.00 May Be       Trust Fund Contribution.     Added to Fees		
1.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
ITLE IAME STREET ADDRESS XITY - ST - ZIP	D ARMSTRONG, PATRICK J 1101 N LAKE DESTINY RD MAITLAND FL 32751	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio		
itle IAME Treet Address ITY-ST-ZIP	D REYNOLDS, CLAYTON M IV 125 ORANGE RIDGE DR LONGWOOD FL 32779	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗋 Change 🗌 Additio		
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DOCUI 1. Entity Name	MENT # P990000	)58361 *	6 - 24						
BIODESI	gn corporation			· .	10	1033			
Principal Plac	e of Business	Mailing Address			/ -	/			
101 n lake 0 Iaitland FL 3	destiny RD. Suite 450 12751	1101 N LAKE DESTINY RD. Maitland fl 32751-7122	Suite 450						
2. Principal Place of Business		3. Mailing Address Suite, Apt. #, etc.							
Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	FEI Number 59-359/.	298		Applied Not App	
Zip	Country	Zip	Country	5.	Certificate of Status D	esired	\$8.75 Fee Reg		.1
	6. Name and Address of Current	Registered Agent		7. [	Name and Address o	of New Register			
	ALD, KENNETH'F		Name						-
600	COURTLAND ST, SUITE 110		Street A	ddress (P.O. E	lox Number is Not Act	ceptable}			
ORD	ANDO FL 32804		City				<b>CI</b> Zip (	ode	
	named entity submits this statement fo						FL Zip Code		
. This corpo	vation is eligible to satisfy its intangible	FILE NOW	!!! FEE IS \$150.	une required when h 	T			: 00 w	
Tax filling re	vration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)		00 Fee will be \$	00 550.00 It of State	10. Election Camp Trust Fund Co	ntribution.	🗆 Ăd	5.00 Ma Ided to Fo	665
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