

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061581

1. Entity Name

BIOLOGIC INVESTIGATIONS, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90417 041 \*\*\*150.00

Principal Place of Business  
5560 ROOSEVELT BLVD.  
SUITE 2  
CLEARWATER FL 33760

Mailing Address  
5560 ROOSEVELT BLVD.  
SUITE 2  
CLEARWATER FL 33760-3469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59 59-3599610

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, MICHAEL B  
777 BRICKELL AVENUE  
SUITE 900 SUNTRUST BUILDING  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HENSLEY, K. ROBB  
5560 ROOSEVELT BLVD. SUITE 2  
CLEARWATER FL 33760

☐ Delete

TITLE  
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13. I hereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael B. Walker* K. ROBB HENSLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-524-9777

4/22/00

CR2E034 (9/99)