## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S63438

FILED Jan 05, 2006 Secretary of State

Entity Name: NORTH FLORIDA BIOMEDICAL SERVICES, INC.

Current P					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
594 NASSAU CT DRANGE PARK, FL 32003 Current Mailing Address:			574 NASSAU CT ORANGE PARK, FL	574 NASSAU CT ORANGE PARK, FL 32003 New Mailing Address:	
			New Mailing Addres		
P. O. BOX ORANGE	(355 PARK, FL 320	670355			
El Number	: 59-3072323	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
574 NASS ORANGE	PARK, FL 320				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
election Cal	mpaign Financing	Trust Fund Contribution ( ).			
	mpaign Financing S AND DIREC	,	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
OFFICER Fitle: Name: Address:	S AND DIREC	TORS:  Delete FREDERIC, K W. OURT	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition	
	S AND DIRECT  D ()  WAINWRIGHT,  574 NASSAU CO	TORS:  Delete FREDERIC, K W. OURT , FL  Delete NINWRIGHT,	Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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: F W WAINWRIGHT PRES 01/05/2006