

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S63438

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA BIOMEDICAL SERVICES, INC.

**Current Principal Place of Business:**

574 NASSAU CT  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 355  
ORANGE PARK, FL 320670355

**New Mailing Address:**

**FEI Number:** 59-3072323

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WAINWRIGHT, FRED  
574 NASSAU CT.  
ORANGE PARK, FL 32003 US

**Name and Address of New Registered Agent:**

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:**

**Title:** D  
**Name:** WAINWRIGHT, FREDERICK W.  
**Address:** 574 NASSAU COURT  
**City-St-Zip:** ORANGE PARK, FL 32003

**Title:** VP  
**Name:** SARAH JAN WAINWRIGHT  
**Address:** 574 NASSAU CT  
**City-St-Zip:** ORANGE PARK, FL 32003

**Title:** S  
**Name:** WAINWRIGHT, SCOTT A  
**Address:** 10960 BEACH BLVD., 499  
**City-St-Zip:** JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

**SIGNATURE:** F. WAINWRIGHT

D

01/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date