

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V60640** (2)

1. Corporation Name  
**BIODYNAMICS FOR PARTNERSHIPS, INC.**



Principal Place of Business  
**10500 UNIVERSITY SQUARE  
SUITE 130  
TAMPA FL 33612**

Mailing Address  
**10500 UNIVERSITY SQUARE  
SUITE 130  
TAMPA FL 33612**

3. Date incorporated or Qualified **08/28/1992** 3a. Date of Last Report **04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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29

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4. FEI Number **59-3153025** Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHIFINO, WILLIAM J.  
201 N. FRANKLIN ST.  
SUITE 2700 - ONE TAMPA CITY CENTER  
TAMPA FL 33602**

81 Name **DAVID P. NICHOLS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10500 UNIVERSITY CENTER DRIVE #130**  
83 **BIODYNAMICS INTERNATIONAL INC**  
84 City **TAMPA** FL 85 Zip Code **33612**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **DAVID P. NICHOLS** 4/2/96 DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☐ DELETE  
NAME **DRAGONE, CHARLES**  
STREET ADDRESS **2209 RIDGEVIEW WAY**  
CITY-ST-ZIP **BOISE ID 83712**

TITLE **S** ☐ DELETE  
NAME **NICHOLS, DAVID C.**  
STREET ADDRESS **10500 UNIVERSITY CENTER 130**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID P. NICHOLS, MANAGING DIRECTOR & CHIEF FINANCIAL OFFICER**

813 979-0016  
Duties Phone #

CR2E034 (12/95)