

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000012656

**Entity Name:** BODOR LABORATORIES INC.

**Current Principal Place of Business:**

3929 SW 69TH AVENUE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

3929 SW 69TH AVENUE  
GAINESVILLE, FL 32608 US

**FEI Number:** 20-4207590

**Certificate of Status Desired:** No

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

BRYANT, CARLA DELOACH  
1206 EAST RIDGEWOOD STREET  
ORLANDO, FL 32803 US

*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

**Officer/Director Detail :**

Title            DPS  
Name            BODOR, NICHOLAS SPH.D.  
Address        3929 SW 69TH AVENUE  
City-State-Zip: GAINESVILLE FL 32608

Title            DVPT  
Name            BODOR, ERIK TPH.D.  
Address        3929 SW 69TH AVENUE  
City-State-Zip: GAINESVILLE FL 32608

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:** NICHOLAS BODOR SPH D

**DIRECTOR**

**03/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date