

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000046026

**Entity Name:** DUER FORENSIC TOXICOLOGY, INC.

**Current Principal Place of Business:**

1621 GULF BLVD.  
APT.102  
CLEARWATER, FL 33767-2928

**Current Mailing Address:**

1621 GULF BLVD.  
APT. 102  
CLEARWATER, FL 33767-2928 US

**FEI Number:** 26-2596233

**Certificate of Status Desired:** No

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

DUER, WAYNE C  
1621 GULF BLVD.  
AP. 102  
CLEARWATER, FL 33767-2928 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 DR.  
Name DUER, WAYNE C  
Address 1621 GULF BLVD.  
APT. 102  
City-State-Zip: CLEARWATER FL 33767-2928

Title VP  
Name DUER, SUSANA B  
Address 1621 GULF BLVD.  
APT. 102  
City-State-Zip: CLEARWATER FL 33767-2928

*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:** WAYNE C. DUER

**PRESIDENT**

**01/14/2016**

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

\_\_\_\_\_  
Date