

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000022631

**Entity Name:** AVALON BIOMED, INC.

**Current Principal Place of Business:**

3012 HIGHLANDS BRIDGE ROAD  
SARASOTA, FL 34235

**Current Mailing Address:**

3012 HIGHLANDS BRIDGE ROAD  
SARASOTA, FL 34235 US

**FEI Number:** 27-5437435

**Certificate of Status Desired:** No

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

PRIMUS, CAROLYN  
3012 HIGHLANDS BRIDGE RD  
SARASOTA, FL 34235 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            PRESIDENT, TREASURER,  
                     SECRETARY  
Name            PRIMUS, CAROLYN PHD  
Address         3012 HIGHLANDS BRIDGE ROAD  
City-State-Zip: SARASOTA FL 34235

Title            VP  
Name            PRIMUS, GINO J  
Address         3012 HIGHLANDS BRIDGE ROAD  
City-State-Zip: SARASOTA FL 34235

*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:** PRIMUS, CAROLYN, PHD

**PRESIDENT**

**01/03/2024**

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

\_\_\_\_\_  
Date