

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000014713

**Entity Name:** ICON LABORATORIES, INC.

**Current Principal Place of Business:**

3636 WESTOWN PARKWAY  
STE 203  
WEST DES MOINES, IA 50266

**Current Mailing Address:**

3636 WESTOWN PARKWAY  
STE 203  
WEST DES MOINES, IA 50266 US

**FEI Number: 59-3157357**

**Certificate of Status Desired: No**

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

LANFORD, J S  
3159 ALZANTE CIRCLE  
CASA BELLA PLAZA SUITE 102  
MELBOURNE, FL 32940 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 S  
Name GRAU, ALAN  
Address 315 SW 30TH ST  
City-State-Zip: ANKENY IA 50023

Title V  
Name GRAU, ALAN  
Address 315 SW 30TH ST  
City-State-Zip: ANKENY IA 50023

Title P  
Name GRAU, ALAN  
Address 315 SW 30TH ST  
City-State-Zip: ANKENY IA 50023

*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: ALAN GRAU**

**PRESIDENT**

**03/14/2016**

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

\_\_\_\_\_  
Date