

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001130

Entity Name: PSIGENICS CORPORATION**Current Principal Place of Business:**2153 SE HAWTHORNE ROAD, STE 217
GAINESVILLE, FL 32641**Current Mailing Address:**PO BOX 5039
GAINESVILLE, FL 32627**FEI Number:** 20-2209813**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILBER, SCOTT A
2153 SE HAWTHORNE ROAD, STE 217
GAINESVILLE, FL 32641 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	PD
Name	WILBER, SCOTT A
Address	2153 SE HAWTHORNE ROAD, STE 217
City-State-Zip:	GAINESVILLE FL 32641

Title	ST
Name	TAYLOR, DEBORAH C
Address	2153 SE HAWTHORNE ROAD, STE 217
City-State-Zip:	GAINESVILLE FL 32641

Title	D
Name	TAYLOR, DEBORAH C
Address	2153 SE HAWTHORNE ROAD, STE 217
City-State-Zip:	GAINESVILLE FL 32641

Title	D
Name	JASKOLSKI, COREY J
Address	2153 SE HAWTHORNE ROAD, STE 217
City-State-Zip:	GAINESVILLE FL 32641

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: MARNEY SCHULZ FOR SCOTT WILBER**OFFICE MANAGER /
PRESIDENT****01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date