

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 400447

FILED  
Jul 30, 2009  
Secretary of State

Entity Name: MID-FLORIDA BIOLOGICALS, INC.

## Current Principal Place of Business:

380 S. NORTH LAKE BLVD  
SUITE 1024  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

380 S. NORTH LAKE BLVD  
SUITE 1024  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-141597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

380 S. NORTH LAKE BLVD  
SUITE 1024  
ALTAMONTE SPRINGS, FL 32701 US

## New Mailing Address:

380 S. NORTH LAKE BLVD  
SUITE 1024  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of Current Registered Agent:

CLIFFORD, KAREN  
380 S NORTH LAKE BLVD STE 1024  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: LANGSTAFF, JOHN  
Address: 155 INNOVATION DRIVE  
City-St-Zip: WINNIPEG, MB R3T5Y3

Title: CFO ( ) Delete  
Name: GRAHAM, MICHAEL  
Address: 155 INNOVATION DRIVE  
City-St-Zip: WINNIPEG, MB R3T5Y3

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFOT (X) Change ( ) Addition  
Name: GRAHAM, MICHAEL  
Address: 155 INNOVATION DRIVE  
City-St-Zip: WINNIPEG, MB R3T5Y3

Title: S ( ) Change (X) Addition  
Name: ST.HILAIRE, FRANCIS J  
Address: 155 INNOVATION DRIVE  
City-St-Zip: WINNIPEG, MB R3T5Y3

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANCIS J. ST.HILAIRE

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07/30/2009

Electronic Signature of Signing Officer or Director

Date