

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003684

Entity Name: LOVELACE SCIENTIFIC RESOURCES, INC.

Current Principal Place of Business:

2425 RIDGECREST DRIVE SE
ALBUQUERQUE , NM 87108

Current Mailing Address:

2441 RIDGECREST DR SE
ALBUQUERQUE, NM 87108

FEI Number: 85-0357767

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 PRES, DIRECTOR
Name HARBOUR, DARLENE
Address 2441 RIDGECREST DR SE
City-State-Zip: ALBUQUERQUE NM 87108

Title SECRETARY
Name LAUR , FRANCES
Address 2425 RIDGECREST DRIVE SE
City-State-Zip: ALBUQUERQUE NM 87108

Title DIRECTOR, VC
Name DELGADO, PH.D., JANE L
Address 2425 RIDGECREST DRIVE SE
City-State-Zip: ALBUQUERQUE NM 87108

Title DIRECTOR, CHAIR
Name RUBIN, PH.D., , ROBERT W
Address 2425 RIDGECREST DRIVE SE
City-State-Zip: ALBUQUERQUE NM 87108

Title DIRECTOR
Name TWIEST, M.D. , MELVIN
Address 2425 RIDGECREST DRIVE SE
City-State-Zip: ALBUQUERQUE NM 87108

Title DIRECTOR
Name TOMA , SHANNON
Address 2425 RIDGECREST DRIVE SE
City-State-Zip: ALBUQUERQUE NM 87108

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: SHANNON TOMA

DIRECTOR

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date