## 2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002759

Entity Name: LOVELACE BIOMEDICAL AND ENVIRONMENTAL RESEARCH

INSTITUTE, INC.

**Current Principal Place of Business:** 

2425 RIDGECREST DR SE ALBUQUERQUE, NM 87108

**Current Mailing Address:** 

2425 RIDGECREST DR SE ALBUQUERQUE, FL 87108 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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

FILED Apr 23, 2018

Secretary of State

CC0109583937

Officer/Director Detail:

Title DIRECTOR, CEO Title DIRECTOR, PRESIDENT Name RUBIN, ROBERT W Name BELINSKY, STEVEN A Address 2425 RIDGECREST DR SE 2425 RIDGECREST DR SE Address ALBUQUERQUE NM 87108 City-State-Zip: ALBUQUERQUE NM 87108 City-State-Zip:

Title SECRETARY, TREASURER, Title DVC

DIRECTOR

Name BURLESON, TESS

Address 2425 RIDGECREST DR SE

City Ctata 7:a. ALDUOUEDOUE NIM 07400

City-State-Zip: ALBUQUERQUE NM 87108

Title DS

Name LAUR, FRANCES

Address 2425 RIDGECREST DR SE

City-State-Zip: ALBUQUERQUE NM 87108

Title D

Name TOMA, SHANNON

Address 2425 RIDGECREST DR SE

City-State-Zip: ALBUQUERQUE NM 87108

only Oldio Zip. Tilb

Name HOBBS, CHARLES H

Address 2425 RIDGECREST DR SE

City-State-Zip: ALBUQUERQUE NM 87108

Title D

Name BURLESON, TESS

Address 2425 RIDGECREST DR SE

City-State-Zip: ALBUQUERQUE NM 87108

Title SECRETARY OF THE BOARD

Name LAUR, FRANCES

Address 2425 RIDGECREST DR SE

City-State-Zip: ALBUQUERQUE NM 87108

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BELINSKY, STEVEN A

PRESIDENT, DIANE CHICHESTER, ATTORNEY-IN-FACT

04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name LOVELACE-JOHNSON, JACKIE Address 2425 RIDGECREST DR SE

City-State-Zip: ALBUQUERQUE NM 87108