

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000002759

**FILED**  
**Mar 08, 2020**  
**Secretary of State**  
**1724547183CC**

**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.  
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 DIRECTOR, CEO, CHAIRMAN  
Name RUBIN, ROBERT W  
Address 2425 RIDGECREST DR SE  
City-State-Zip: ALBUQUERQUE NM 87108

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

Title SECRETARY, TREASURER, DIRECTOR  
Name BURLESON, TESS  
Address 2425 RIDGECREST DR SE  
City-State-Zip: ALBUQUERQUE NM 87108

Title DIRECTOR  
Name HOBBS, CHARLES H  
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

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

Title VICE CHAIR  
Name HOBBS , CHUCK  
Address 2425 RIDGECREST DR 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BURLESON , TESS**

**ANGELA MARTIN,  
ATTORNEY-IN-FACT**

**03/08/2020**

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

\_\_\_\_\_  
Date