FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # **259379** **(6)**

1. Corporation Name
DANIELS PHARMACEUTICALS, INC.

Principal Place of Business
2517 25TH AVE NORTH
ST PETERSBURG FL 33713
US

Mailing Address
6401 9TH ST., NORTH
ST PETERSBURG FL 33702

3. Date Incorporated or Qualified: **05/25/1962**
3a. Date of Last Report: **03/16/1995**

4. FEI Number: **59-0979811** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
DANIELS, THOMAS B
6401 9TH STREET NORTH
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1808, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DANIELS, THOMAS B., JR.	
STREET ADDRESS	6401 9TH ST., NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	STD	☐ DELETE
NAME	DUQUETTE, FRANCIS D	
STREET ADDRESS	6401 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	☐ DELETE
NAME	WOLFSON, BERNARD B.	
STREET ADDRESS	2527 25TH AVE., NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	☐ DELETE
NAME	MCMILLAN, RONALD L.	
STREET ADDRESS	6401 9TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DIRECTOR	☐ DELETE
NAME	DANIELS, ROBERT L.	
STREET ADDRESS	6401 9th STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	DIRECTOR	☐ DELETE
NAME	DANIELS, MICHAEL D.	
STREET ADDRESS	6401 9th STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
1.2 NAME	DUQUETTE, PAMELA D.	
1.3 STREET ADDRESS	6401 9th STREET NORTH	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☒ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☒ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an affiliation.

SIGNATURE: Director — 3/11/96 — (813)525-1564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD L. McMILLAN, DIRECTOR

CR2E034 (12/95)