FILED

03 APR 23 AM 10: 15

## **2003 FOR PROFIT CORPORATION** IJNIFORM BUSINESS REPORT (UBR

DOCUMENT #	F00000005679
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1. Entity Name

ANDRY LABORATORIES, INC.



Principal Place of Business 148 WEISENBERGER RD SUITE D MADISON MS 39110  Mailing Address 2915 WESTON RD. FT. LAUDERDALE FL 33331					YECRETAR TALLAHAS	RY OF STATE SEE, FLORIDA		
2. Principal Place of Business 3040 Universal Boulevard		3. Mailing Address 4955 Orange Drive			t imarian inik bolih abihi balih dalih balik	IBIN BUNK BBIOL BING UTNI IBUK I		
Suite, Apt. #, etc. Suite 150		Suite, Apt. #, etc. Attn: Pamela Richardson			CHECK HERE IF MAKING CHANGES			
City & State Weston, FL		City & State Davie, FL			4. FEI Number 64-0867544	Applied Not Ap	d For plicable	
<sup>Zip</sup> 33331	Country United States	33314 Country United State		ates	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name		,			
	ATION SERVICE COMPANY S STREET		Street A	ddress (P.	P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525								
1			City			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registured Agent signature required when reinstating)  DATE								
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of				Election Campaign Finar     Trust Fund Contribution.	Added to F	ees	
10.	OFFICERS AND D		11.	<del></del>	ADDITIONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAHN, ELLIOT F PH.D. 4955 ORANGE DRIVE DAVIE FL 33314	⊠x0elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rich 4955	, President nard Lane 5 Orange Drive Le, FL 33314	☐ Change x⊠	Addition   	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LODIN, SCOTT 4955 ORANGE DRIVE DAVIE FL 33314	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Direc	ctor, EVP, Secretary	y XXI Change □	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MALAHIAS, ANGELO C 4955 ORANGE DRIVE DAVIE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP	CFO, Treasurer 6000184 05/07/0301082-	x® Change □ 57536 -005 **150.00	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAICY, WILLIAM 4955 ORANGE DRIVE DAVIE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP 3040 West	) Universal Bouleva con, FL 33331	,	Addition	
TITLE NAME STREET ADDRESS	VP SMITH, BRIAN 14955 ORANGE DRIVE	XXX elete	TITLE NAME STREET ADDRESS	i		Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

DAVIE FL 33314



☐ Delete

04/16/03

Daytime Phone # Date

954-584-0300