2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90008 019 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # F03000005043

1. Entity Name
DEVELOPMENTAL THERAPEUTICS, INC.

Principal Place of Business	Mailing Address
801 BRICKELL AVE., SUITE 942 MIAMI FL 33131	801 BRICKELL AVE., SUITE 942 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
400 Oyster Point Blvd	400 Oyster Point Blvd
Suite, Apt. #, etc.: Suite 505	Suite, Apt. #, etc.: Suite 505
City & State: South San Francisco CA	City & State: South San Francisco CA
Zip: 94080 Country: USA	Zip: 94080 Country: USA

4. FEI Number 22-3779296 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: KANZER, STEVE H STREET ADDRESS: 801 BRICKELL AVE., SUITE 942 CITY-ST-ZIP: MIAMI FL 33131	☒ Delete	TITLE: P NAME: Louis R. Bucalo, M.D. STREET ADDRESS: 400 Oyster Point Blvd, Suite 505 CITY-ST-ZIP: South San Francisco CA 94080	☐ Change ☒ Addition
TITLE: SD NAME: STERGIS, NICHOLAS STREET ADDRESS: 801 BRICKELL AVE., SUITE 942 CITY-ST-ZIP: MIAMI FL 33131	☒ Delete	TITLE: TS NAME: Sunil Bhonsle STREET ADDRESS: 400 Oyster Point Blvd, Suite 505 CITY-ST-ZIP: South San Francisco CA 94080	☐ Change ☒ Addition
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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.

SIGNATURE: [signature] 1/20/04 650-244-4990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #