

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006010

FILED
Jan 11, 2012
Secretary of State

Entity Name: BIOTEST PHARMACEUTICALS CORPORATION

Current Principal Place of Business:

5800 PARK OF COMMERCE BLVD. NW
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5800 PARK OF COMMERCE BLVD. NW
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 26-1251037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: RAMROTH, MICHAEL
Address: 5800 PARK OF COMMERCE BLVD. NW
City-St-Zip: BOCA RATON, FL 33487

Title: S
Name: MOELLER, MARTIN
Address: 5800 PARK OF COMMERCE BLVD. NW
City-St-Zip: BOCA RATON, FL 33487

Title: VP
Name: MARTIN, REINECKE
Address: 5800 PARK OF COMMERCE BLVD. NW
City-St-Zip: BOCA RATON, FL 33487

Title: CEO
Name: FLOSS, GEORG
Address: 5800 PARK OC COMMERCE BLVD. NW
City-St-Zip: BOCA RATON, FL 33487

Title: TCFO
Name: SIEGEL, JORDAN
Address: 5800 PARK OF COMMERCE BLVD. NW
City-St-Zip: BOCA RATON, FL 33487

Title: S
Name: QUINN, DONNA
Address: 5800 PARK OF COMMERCE BLVD. NW
City-St-Zip: BOCA RATON, FL 33487

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

SIGNATURE: JORDAN SIEGEL

TCFO

01/11/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date