

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90035 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000005305**

1. Corporation Name
SCANDIPHARM, INC.



Principal Place of Business
22 INVERNESS CENTER PKWY SUITE 310 BIRMINGHAM AL 35242

Mailing Address
22 INVERNESS CENTER PKWY SUITE 310 BIRMINGHAM AL 35242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/27/1995

4. FEI Number
23-2639766

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 owes the current year Intangible Personal Property Tax. Yes No

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ZIEGLER, FRANCIS G	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	MIMS, DAVID W	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIEGLER, FRANCES	
STREET ADDRESS	22 INVERNESS CTR PKWY., STE. 310	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TULLIS, JAMES L	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUGG, CHARLES E M.D.	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALE, DAVID	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY-ST-ZIP	BIRMINGHAM AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tom Stribling	
1.3 STREET ADDRESS	22 Inverness Pkwy, Suite 310	
1.4 CITY-ST-ZIP	Birmingham AL 35242	
2.1 TITLE	Secretary, General Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Laurie McGriff	
2.3 STREET ADDRESS	22 Inverness Center Pkwy, Suite 310	
2.4 CITY-ST-ZIP	Birmingham AL 35242	
3.1 TITLE	CEO, V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Randy Pittman	
3.3 STREET ADDRESS	22 Inverness Center Pkwy, Suite 310	
3.4 CITY-ST-ZIP	Birmingham, AL 35242	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Mims	
4.3 STREET ADDRESS	22 Inverness Center Pkwy, Suite 310	
4.4 CITY-ST-ZIP	Birmingham, AL 35242	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jack O'Brien	
5.3 STREET ADDRESS	22 Inverness Center Pkwy, Suite 310	
5.4 CITY-ST-ZIP	Birmingham, AL 35242	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Russell Maddox	
6.3 STREET ADDRESS	22 Inverness Center Pkwy, Suite 310	
6.4 CITY-ST-ZIP	Birmingham, AL 35242	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), 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 address, with all other like empowered.

SIGNATURE: *[Signature]* **Randy Pittman, CEO** (205) 991-8085

CR2E034 (11/98)