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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K97902**

1. Corporation Name

CYTOGEN LABORATORY, INC.

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90035 010 ***150.00

OTTOGE	in Endonation, inc.								
Principal Place of Business Mailing Address							1 1001211 2:2 12/11 12/10 12/11 12/10 12/11		
7424 S.W. 48TH STREET			7424 S.W. 48TH STREET						
MIAMI FL 33155			MIAMI FL 33155			_	DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
	•						06/23/1989		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For		
21			26				65-0277972 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22							5. Certificate of Status Desired Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be		
23			8				Trust Fund Contribution Added to Fees		
Zip	Country Zip C		Cou			This corporation owes the current year Intangible			
24	25 29 30		30			Personal Property Tax.			
	9. Name and Address of Curren	t Regis	tered Agent				10. Name and Address of New Registered Agent		
ECDI	TE OCCAR D M.D.				81	Name	e		
	LES, OSCAR R. M.D.				82	Street	et Address (P.O. Box Number is Not Acceptable)		
7424 SW 48TH ST									
MIAN	VII FL 33155				83		·		
•			•		84	City	FL 85 Zip Code		
			07.4500 EL 11. EL 11.	41			d of changing its registered		
11. Pursuant	to the provisions of Sections 607.050; egistered age (1) or both, in the State (2 and 6 of Floric	07.1508, Florida Statuti Ia. Such chande was a	es, tne a uthorized	bove d by	rnamed the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar wir, and accept the obligat	ions of,	Section 607.0505, Flo	rida Stat	utes.		1/60		
SIGNATURE							4/7/97		
	Signature, typed arphile; name of registered agen				Agen	t signature re	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PD OFFICERS AN	DUIKE	DELETE	13.	T. C		ADDITIONS/CHANGES TO OFFICERS AND BIRECTORS IN 12		
TITLE	FEBLES, OSCAR R.		□ bereit						
NAME				1.2 N					
STREET ADDRESS	7424 S.W. 48TH STREET					ADDRESS	\$		
CITY-ST-ZIP	MIAMI FL		□ act care	_	TY-\$1	-ZIP	☐ Change ☐ Addition		
TITLE			☐ DELETE	2.1 ∏			Change C Addition		
NAME				2.2 N	AME				
STREET ADDRESS				2.3 S	TREET	ADDRESS	s		
CITY-ST-ZIP			Tarib.	_	ITY-S	T-ZIP			
TITLE			DELETE	3.1 TI	_		☐ Change ☐ Addition		
NAME			-	3.2 N	AMÉ				
STREET ADDRESS				3.3 S	TREET	ADDRESS	s		
CITY-ST-ZIP				_	ITY-S	T-ZIP			
TITLE			☐ DELETE	4.1 TI			☐ Change ☐ Addition		
NAME				4.2 N	IAME				
STREET ADDRESS				4.3 S	TREET	ADDRESS	is		
CITY-ST-ZIP				4.4 C	TY-S1	r-ZIP	,		
TITLE			☐ DELETÉ	5.1 TI			☐ Change ☐ Addition		
NAME				5.2 N					
STREET ADDRESS				5.3 S	TREET	ADDRESS	s		
CITY-ST-ZIP				5.4 C	TY-\$1	r-ZIP			
TITLE			☐ DELETE	6.1 ∏	TLE		☐ Change ☐ Addition		
NAME	:			6.2 N	AME				
STREET ADDRESS	,			6.3 S	TREET	ADDRESS	s		
CITY-ST-ZIP				6.4 C	ITY-S1	r-ZIP			

14. 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 annual report or supplied that it 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 of 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 that fattachment with an address, with all other like empowered.

SIGNATURE:

STATE THE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR