2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90442 042 ***150.00

D0043639

DO NOT WRITE IN THIS SPACE

DOCUMENT # K97902

1. Entity Name
CYTOGEN LABORATORY, INC.

Principal Place of Business
~~7424 S.W. 48TH STREET~~
~~MIAMI FL 33155~~

Mailing Address
~~7424 S.W. 48TH STREET~~
MIAMI FL 33155

2. Principal Place of Business	3. Mailing Address
89240 Overseas Highway	P.O. Box 557007
Suite, Apt. #, etc.: Suite #4	Suite, Apt. #, etc.
City & State: Tavernier, FL	City & State: Miami FL
Zip: 33070 Country: USA	Zip: 33155 Country: USA

4. FEI Number 65-0277972 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEBLES, OSCAR R. M.D.
~~7424 SW 48TH ST~~
~~MIAMI FL 33155~~
89240 O/S Hwy #4
TAVERNIER, FL 33070

7. Name and Address of New Registered Agent

Name: Oscar R. Febles, M.D.
Street Address (P.O. Box Number is Not Acceptable): 89240 Overseas Hwy - Suite #4
City: Tavernier FL Zip Code: 33070

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.

SIGNATURE X [signature] 3/19/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FEBLES, OSCAR R. ~~7424 S.W. 48TH STREET~~ 89240 Overseas Hwy Suite #4 ~~MIAMI FL~~ Tavernier FL. 33070 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Oscar R. Febles, M.D 3/19/01 (305)852-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)