## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 259379** 

Entity Name: JMI-DANIELS PHARMACEUTICALS, INC.

**Current Principal Place of Business:** 

501 FIFTH STREET BRISTOL, TN 37620

## **Current Mailing Address:**

501 FIFTH STREET BRISTOL, TN 37620 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

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

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

**FILED** Apr 15, 2014

**Secretary of State** 

CC6257730781

## Officer/Director Detail:

Title **SECRETARY** Title ASSISTANT SECRETARY GRANT, SUSAN Name COURSON-SMITH, SUSAN Name

**501 FIFTH STREET** Address **501 FIFTH STREET** Address City-State-Zip: BRISTOL TN 37620 BRISTOL TN 37620 City-State-Zip:

Title **PRESIDENT** Title VICE PRESIDENT AND TREASURER

Name LONGA, WILLIAM C Name SINGH, AMITABH Address **501 FIFTH STREET** Address **501 FIFTH STREET** BRISTOL TN 37620 City-State-Zip: City-State-Zip: BRISTOL TN 37620

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: GRANT, SUSAN **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

04/15/2014

Date