

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000056477

**Entity Name:** ASSUAGE PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

11350 SW VILLAGE PKWY  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

ATTN: GREG WELMAKER  
11350 SW VILLAGE PKWY  
PORT ST LUCIE, FL 34987 US

**FEI Number:** 45-5549868

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOUGHTEN, RICHARD A  
11350 SW VILLAGE PKWY  
PORT ST LUCIE, FL 34987 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

**Officer/Director Detail :**

Title P  
Name HOUGHTEN, RICHARD A  
Address 11350 SW VILLAGE PKWY  
City-State-Zip: PORT ST LUCIE FL 34987

Title VP  
Name WELMAKER, GREGORY S  
Address 11350 SW VILLAGE PKWY  
City-State-Zip: PORT ST LUCIE FL 34987

Title VP  
Name GIULIANOTTI, MARCELLO  
Address 11350 SW VILLAGE PKWY  
City-State-Zip: PORT ST LUCIE FL 34987

Title VP  
Name MCLAUGHLIN, JAY P  
Address 11350 SW VILLAGE PKWY  
City-State-Zip: PORT ST LUCIE FL 34987

*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:** GREGORY S WELMAKER

VP

03/25/2013

Electronic Signature of Signing Officer/Director Detail

Date