

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000077323

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC1885275191**

**Entity Name:** INTERCONTINENTAL PHARMA INC

**Current Principal Place of Business:**

7887 BRYAN DAIRY RD  
SUITE 170  
LARGO, FL 33777

**Current Mailing Address:**

P.O.BOX 66758  
ST.PETE BEACH, FL 33736 US

**FEI Number: 46-0955447**

**Certificate of Status Desired: No**

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

KADOURA, BRUCE  
P.O.BOX 66758  
ST.PETE BEACH, FL 33736 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            KADOURA, BRUCE  
Address        P.O.BOX 66758  
City-State-Zip: ST PETE BEACH FL 33736

Title            VP  
Name            MUNGARA, PADMANABHARAJU  
Address        7021 38TH AVE N  
City-State-Zip: ST PETERSBURG FL 33710

*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: BRUCE KADOURA**

**PRESIDENT**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date