

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109616

Entity Name: US ALLIANCE PHARMACEUTICALS, LLC

Current Principal Place of Business:

1717 NORTH BAYSHORE DRIVE, SUITE 106
MIAMI, FL 33132

Current Mailing Address:

1717 NORTH BAYSHORE DRIVE, UNIT 3850
MIAMI, FL 33132

FEI Number: 03-0609913

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JABBARI, JAMSHID
1717 NORTH BAYSHORE DRIVE, SUITE 106
MIAMI, FL 33132 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

Authorized Person(s) Detail :

Title MGR
Name JABBARI, JAMSHID
Address 1717 NORTH BAYSHORE DRIVE,
SUITE 106
City-State-Zip: MIAMI FL 33132

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMSHID JABBARI

MGR

01/06/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date