

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003989

Entity Name: BIOCAMP PHARMA, INC.**Current Principal Place of Business:**38505 IH 10 WEST
BOERNE, TX 78006**Current Mailing Address:**PO BOX 781149
SAN ANTONIO, TX 78278-1149**FEI Number:** 26-3688641**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**Officer/Director Detail :**

Title	P
Name	WALSDORF, NEILL B
Address	PO BOX 786099
City-State-Zip:	SAN ANTONIO TX 78278

Title	VP
Name	WALSDORF, JAMES K
Address	11246 E BITTERS
City-State-Zip:	SAN ANTONIO TX 78216

Title	T
Name	MARSH, LINDA L
Address	12 INWOOD MIST
City-State-Zip:	SAN ANTONIO TX 78258

Title	S
Name	CUSENBARY, C. LEE JR
Address	13811 BLUFF LANE
City-State-Zip:	SAN ANTONIO TX 78216

Title	CFO
Name	DOOLEY, THOMAS J
Address	2002 VIA VINEDA
City-State-Zip:	SAN ANTONIO TX 78258

Title	C
Name	KOEHL, LEONARD A
Address	501 HIDDEN OAKS
City-State-Zip:	BULVERDE TX 78163

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: THOMAS J. DOOLEY**CHIEF FINANCIAL
OFFICER****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date