

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 446121

(6)

1. Corporation Name
BENTLEY PHARMACEUTICALS, INC.



Principal Place of Business

4830 W KENNEDY BLVD
550
TAMPA FL 33609-2517
US

Mailing Address

4830 W KENNEDY BLVD
550
TAMPA FL 33609-2562
US

3. Date Incorporated or Qualified
02/11/1974

3a. Date of Last Report
04/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
548

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.
548

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1513162

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRICE, MICHAEL D
4830 W KENNEDY BLVD #550
TAMPA FL 33609-2517

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4830 W. Kennedy Blvd., #548

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael D. Price, VP, CFO 3/11/97

12. OFFICERS AND DIRECTORS

TITLE CPD
NAME MURPHY JAMES R
STREET ADDRESS 4830 W KENNDY BLVD 550
CITY - ST - ZIP TAMPA FL

☐ DELETE

TITLE VD
NAME STOTE, ROBERT M
STREET ADDRESS 4830 W KENNEDY BLVD 550
CITY - ST - ZIP TAMPA FL

☐ DELETE

TITLE D
NAME ARNEGGAR, RANDOLPH W
STREET ADDRESS 4830 W KENNEDY BLVD #550
CITY - ST - ZIP TAMPA FL 33609-2517

☐ DELETE

TITLE VSTD
NAME PRICE, MICHAEL D/
STREET ADDRESS 4830 W KENNEDY BLVD #550
CITY - ST - ZIP TAMPA FL

☐ DELETE

TITLE D
NAME WARDELL, DORIS E
STREET ADDRESS 4830 W KENNEDY BLVD #550
CITY - ST - ZIP TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Stk. 548

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Stk. 548

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Stk. 548

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Stk. 548

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Stk. 548

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Price VP, CFO 3/11/97 8:13
813 4401

Date

Daytime Phone #

CR2E034 (9/96)