

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

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90082 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 482533

1. Corporation Name
DVM PHARMACEUTICALS, INC.

Principal Place of Business
4400 BISCAYNE BOULEVARD
MIAMI FL 33137
US

Mailing Address
4400 BISCAYNE BOULEVARD
MIAMI FL 33137
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/08/1975	
25		30		4. FEI Number 59-1683899 Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TABERNILLA, ARMANDO A
4400 BISCAYNE BOULEVARD
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name
Gillespie, Carol J.
82 Street Address (P.O. Box Number is Not Acceptable)
4400 Biscayne Boulevard
83
84 City **Miami** FL 85 Zip Code **33137**

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

Carol J. Gillespie **Carol J. Gillespie** **Jan 18, 1999**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOLEY, STEVEN P	1.2 NAME	SEE ATTACHED
STREET ADDRESS	4400 BISCAYNE BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JACK	2.2 NAME	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLSAP, JAMES M	3.2 NAME	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABERNILLA, ARMANDO A.	4.2 NAME	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, JORDAN	5.2 NAME	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, RUBEN F	6.2 NAME	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Carol J. Gillespie **Carol J. Gillespie**

1/18/99

305-575-6037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

240274-90082-1
#482533

**1999 FLORIDA CORPORATION ANNUAL REPORT
DVM PHARMACEUTICALS, INC.**

Question 13

D/P/CEO

Hsiao, Jane Ph.D.

4400 Biscayne Boulevard, Miami, FL 33137

D

Flanzraich, Neil

4400 Biscayne Boulevard, Miami, FL 33137

D/S

Gillespie, Carol J.

4400 Biscayne Boulevard, Miami, FL 33137

VP

White, Jack

4400 Biscayne Boulevard, Miami, FL 33137

VP

Martinez, Ruben F.

4400 Biscayne Boulevard, Miami, FL 33137

VP

Mrha, Steve

4400 Biscayne Boulevard, Miami, FL 33137

VP

Beier, Thomas E.

4400 Biscayne Boulevard, Miami, FL 33137

T

Siegel, Jordan

4400 Biscayne Boulevard, Miami, FL 33137

AS

Nation, Marianne Hurd

4400 Biscayne Boulevard, Miami, FL 33137