PRO CORPOF ANNUAL 19	ration Report			Sandra B. M Secretary o				
OCUME		503450	(9)				
UMATILLA	PHARMA	CY, INC.						
cipal Place of Bi	usiness		Mailing Address				\$\$\$ \$1\$1] \$141] \$148] {	INU ULUI BIDI IODI
S. HIGHWAY 19 P.O.BOX 450 UMATILLA FL 32784		S. HIGHWAY 19 P.O.BOX 450 Umatilla FL 32784			3. Date Incorporated or Qualified 05/18/1976	3a. Date of Lasi 04/27/		
Phncipal Place o	of Business		2a. Mailing Addr	ress		4, FEI Number 59-1697929	-	Applied For Not Applicable
Suite, Apt. #, etc	.		Suite, Apt. #	, etc.		5. Certificate of Status Desired	11 +	75 Additional e Required
City & State		· · · · · · · · · · · · · · · ·	27 City & State			6. Election Campaign Financing Trust Fund Contribution	\$5	.00 May Be ided to Fees
Zip	c	ountry	28 Zip		Country	6. This corporation has liability for	intangible tax unde	rs 199.032,
	25	ddress of Current F	29 Registered Agent	3	0	Florida Statutes X Yes 10. Name and Address of New F		
- 822 N. DOI - MOUNT DO	MITT NNELLY STF JRA FL-327(" UMAT	GES, RO NGFTEL TLL4,) 32 nd 607.1508, Flori		84 City	ress (P.O. Box Number is Not Acceptal pretion submits this statement for the pu and of directors. I hereby accept the app	FI ⁸⁵	Zip Code its registered offik ared agent. I am
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