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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90239 016 ***150.00

DOCUMENT # 523114			
	DOCUMENT #	52311	14

1. Corporation Name

MEDIPHARMA, INC.

Principal Place	e of Business	Mailing Address					Hard Her Heer II			
2001 SW 27TH AVENUE 2001 SW 27TH AVENUE MIAMI FL 33145 MIAMI FL 33145						1				
							DO NOT WRITE IN THIS SPACE			
						3. Date Incorp	porated or Qualifed			
						01/20/19	3 77			_
2. Principal 12	lace of Business	2a. Mailing Address				4. FEI Nunibe			A	ppli ad For
21		26				59-1712	735			ot Applicable
Suite, Ap	#, etc.	Suite, Apt. #, etc.				5. Certifcare of	of Status Desired			Additional
22		27								tegt ired
City & State	e	City & State					ampaign Financing Contribution			May Be to Fees
23 Zip	Count y	28	Co	untry			ration owes the curr	rent vear li ta		
24 33145-	<u> </u>	29 33145-2540	30	٠			racion owes the curr Property Tax.	en year ma	X Yes	[]No
24 23142	9. Name and Address of Curren		301	\top			Address of New I	Registered	Agent	
				81	Name					
SIBL	esz, george l			82	Street A	diress (P.O. Box Nu	mher is Not Accept	able)		
2001	1 S.W. 27TH AVENUE			02	Street At	Miless (F.O. Box Nu	.ilbei is Noi Accepti	aulej		
MIAN	MI FL 33145			83						
				04					85 Zip	Crde
				84	City			FL		45-2540
SIGNATURE	Signature, typed or printed name of registered ages	nt ind title if applicable. (NOT	i : Registere		it signature req	u red when reinstating) ADDITIC NS	/CHANGES TO OF	DATE FICERS /\N	D DIRECT	OF S IN 12
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CITY-ST-ZIP CURAL GABLES FL

14. I here by 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 both; 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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE:

4/22/99

305 858-7332

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