

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: FCA000000023 : (850)222-1092

Phone Fax Number

: (850)878-5368



REGISTERED AGENT CHANGE

UNITHER PHARMA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: UNITHER PHARMA, INC
2. The principal office address: 1077 HIGHWAY AIASATELLITE BEACH FL 32937
3. The mailing address (if different): 1110 SPRING STREETSILVER SPRING MD 20910
4. Date of incorporation/qualification: 11/05/2001 Document number; F01000005798
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Martine Rothblatt
1077 HWY A1A, SATELLITE BEACH PL 32937 US
·
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the emporation has been notified in writing of the change.
JAN 2 1 2009 Paul A Mohan Socretary
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered with the provision has been notified in writing of this change.
By: JAN 2 3 2009 (Onto)
If signing on behalf fragehity (1917)
Vice President
and desire the Secretary
* * * FILING FEE: \$35.00 * * *
Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Cr2e045 (8/05)

PLOOG - 10/06/2004 CT System Online