

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002381

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** LGM PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

6400 CONGRESS AVE  
1400  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

6400 CONGRESS AVE  
1400  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 42-1579842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHIJVESCHUURDER, MENDEL  
2312 NW 67TH DR  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

SCHIJVESCHUURDER, MENDEL  
6400 CONGRESS AVE  
1400  
BOCA RATON, FL 33496 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/31/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: SCHIJVESCHUURDER, MENDEL  
Address: 6400 CONGRESS AVE  
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MENDEL SCHIJVESCHUURDER

MGR

01/31/2012

Electronic Signature of Signing Officer or Director

Date