

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004298

FILED  
Feb 28, 2012  
Secretary of State

**Entity Name:** PHARMALOGIC MONTREAL HOLDINGS, INC.

**Current Principal Place of Business:**

ONE SOUTH OCEAN BLVD.  
SUITE 206  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SOUTH OCEAN BLVD.  
SUITE 206  
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number:** 32-0089317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: CHATOFF, JULES  
Address: ONE SOUTH OCEAN BLVD, STE. 206  
City-St-Zip: BOCA RATON, FL 33432 US

Title: PSD  
Name: CHATOFF, HOWARD  
Address: ONE SOUTH OCEAN BLVD, STE. 206  
City-St-Zip: BOCA RATON, FL 33432 US

Title: VPD  
Name: CHATOFF, WILLIAM  
Address: ONE SOUTH OCEAN BLVD, STE. 206  
City-St-Zip: BOCA RATON, FL 33432 US

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: HOWAWRD CHATOFF

MGR

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date