

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90036 020 ***550.00

DOCUMENT # F06000003815

1. Entity Name
SPECIALIZED PHARMACEUTICALS, INC.



Principal Place of Business
7440 MCKNIGHT ROAD
SUITE 205
PITTSBURGH, PA 15237

Mailing Address
7440 MCKNIGHT ROAD
SUITE 205
PITTSBURGH, PA 15237



2. Principal Place of Business - No P.O. Box #

4900 Perry Highway
Suite, Apt. #, etc.
Bldg 2 3rd Floor

City & State
Pittsburgh PA

Zip
15044

Country
USA

3. Mailing Address

4900 Perry Highway
Suite, Apt. #, etc.
Bldg 2 3rd Floor

City & State
Pittsburgh PA

Zip
15044

Country
USA

06282007

Chg-P

CR2E034 (12/06)

4. FEI Number
25-1868213

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GATAWSKI, JOHN RPH
3661 SOUTH MIAMI AVENUE
SUITE #504
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name
RICH SASSANO

Street Address (P.O. Box Number is Not Acceptable)
4024 Central Ave

City St. Petersburg FL Zip Code 33711

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE RICHARD SASSANO

Signature, typed or printed name of registered agent and title if applicable

(None. Registered Agent signature required when reinstating)

DATE

6/28/07

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTC
SASSANO, RICHARD
803 PERRY HWY
PITTSBURGH, PA 15229 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUFFER, MICHAEL
14450 CHADWICK STREET
LEAWOOD, KS 66224 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD SASSANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/07

412-931-3131

DATE

Daytime Phone #