

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90033 018 \*\*\*150.00

DOCUMENT # F06000003815

1. Entity Name  
SPECIALIZED PHARMACEUTICALS, INC.



Principal Place of Business  
4900 PERRY HIGHWAY  
BLDG #2 3RD FLOOR  
PITTSBURGH, PA 15044

Mailing Address  
4900 PERRY HIGHWAY  
BLDG #2 3RD FLOOR  
PITTSBURGH, PA 15044

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282008

Chg-P

CR2E034 (12/06)

City & State  
PITTSBURGH

City & State  
PITTSBURGH

Zip  
15229

Country

Zip  
15229

Country

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

SASSANO, RICH  
4024 CENTRAL AVE  
SAINT PETERSBURG, FL 33711

## 7. Name and Address of New Registered Agent

Name Registered Agent Solutions, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
155 Office Plaza Dr

Suite A

City Tallahassee

FL

Zip Code  
32301

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, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/29/08

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME DAN SASSANO  
STREET ADDRESS 704 S SUTHERLAND AVE.  
CITY-ST-ZIP MONROE, NC 28112

TITLE SECRETARY ☐ Change ☒ Addition  
NAME FRANCIS BITZ  
STREET ADDRESS 1640 PLEASANT HILLS RD.  
CITY-ST-ZIP GADSDEN, PA 15005

TITLE CHAIRMAN ☐ Change ☒ Addition  
NAME MIKE HUFFER  
STREET ADDRESS 14450 CHADWICK ST  
CITY-ST-ZIP LEAWOOD, KS 66224

TITLE CEO ☐ Change ☒ Addition  
NAME CHARLES SCHELLHORN  
STREET ADDRESS 6408 ABERDEEN ROAD  
CITY-ST-ZIP MISSION HILLS, KS 66208

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME JANINE SASSANO  
STREET ADDRESS 2570 B PHEASANT RUN  
CITY-ST-ZIP WEXFORD, PA 15090

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08

412-931-3131

Date

Daytime Phone #