

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006010

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: BIOTEST PHARMACEUTICALS CORPORATION

**Current Principal Place of Business:**

5800 PARK OF COMMERCE BLVD.NW  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

5800 PARK OF COMMERCE BLVD.NW  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 26-1251037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RAMROTH, MICHAEL  
Address: 5800 PARK OF COMMERCE BLVD.NW  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: MOELLER, MARTIN  
Address: 6800 PARK OF COMMERCE BLVD. NW  
City-St-Zip: BOCA RATON, FL 33487

Title: ST ( ) Delete  
Name: SCHENK, ALEXANDER  
Address: 66 FORD ROAD  
City-St-Zip: DENVILLE, NJ 07834

Title: CEO ( ) Delete  
Name: PABST, RAINER  
Address: 5800 PARK OC COMMERCE BLVD. NW  
City-St-Zip: BOCA RATON, FL 33487

Title: TCFO ( ) Delete  
Name: SIEGEL, JORDAN  
Address: 5800 PARK OF COMMERCE BLVD. NW  
City-St-Zip: BOCA RATON, FL 33487

Title: S ( ) Delete  
Name: QUINN, DONNA  
Address: 5800 PARK OF COMMERCE BLVD. NW  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JORDAN SIEGEL

TCFO

02/04/2009

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

\_\_\_\_\_  
Date