

**F13000000263**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

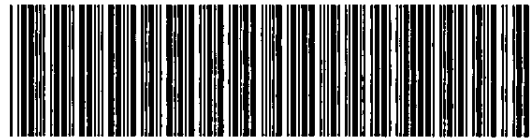
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/31/12--01033--010 \*\*78.75

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13 JAN 17 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W13-225

π 01/18/13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 JAN 17 AM 10:09

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

January 2, 2013

ADAM RUNSDORF  
CENTRIX PHARMACEUTICAL, INC.  
951 CLINT MOORE ROAD, SUITE A  
BOCA RATON, FL 33487

SUBJECT: CENTRIX PHARMACEUTICAL, INC.  
Ref. Number: W13000000225

We have received your document for CENTRIX PHARMACEUTICAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 213A00000074

*Plz. Please  
see enclosed.  
[Signature]*

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Centrix Pharmaceutical, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Adam Runsdorf

Name of Person

Centrix Pharmaceutical, Inc.

Firm/Company

951 Clint Moore Road, Suite A

Address

Boca Raton, FL 33487

City/State and Zip code

arunsdorf@wdsrx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Runsdorf

Name of Person

at ( 561 ) 998-3885

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

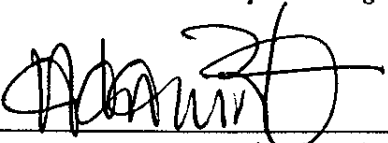
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Centrix Pharmaceutical, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- N/A  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Alabama 3. 20-1117080  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/10/04 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 8/1/12  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 951 Clint Moore Road, Suite A, Boca Raton, FL 33487  
(Principal office address)
- (Same As Above)  
(Current mailing address)
8. Any and Lawful Business  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Adam Runsdorf
- Office Address: 951 Clint Moore Road, Suite A  
Boca Raton, Florida 33487  
(City) (Zip code)
10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*
-   
(Registered agent's signature)

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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: N/A

Address: \_\_\_\_\_

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: N/A

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Adam Runsdorf

Address: 3152 Saint Annes Drive  
Boca Raton, FL 33496

Vice President: N/A

Address: \_\_\_\_\_

Secretary: Adam Runsdorf

Address: 3152 Saint Annes Drive, Boca Raton, FL 33496

Treasurer: N/A

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Adam Runsdorf, President

(Typed or printed name and capacity of person signing application)

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13 JAN 17 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Beth Chapman  
Secretary of State

P. O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Beth Chapman, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Centrix Pharmaceutical, Inc.  
was formed in Montgomery County, Alabama on May 10, 2004. The Alabama  
Entity Identification number for this entity is 235-158. I further certify that the  
records do not disclose that said entity has been dissolved, cancelled or  
terminated.

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TALLAHASSEE, FLORIDA



20130115000002430

In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.

1/15/2013

Date

*Beth Chapman*

Beth Chapman

Secretary of State