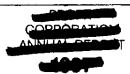
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004537 (6)

MURO PHARMACEUTICAL, INC.

REINSTATEMENT 1999

Principal Place of Business

Mailing Address



98 JAN 16 AM 11:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA



890 EAST ST TEWKSBURY	MA 01876	890 EAST ST TEWKSBURY MA 01876						
					DO NOT WRITE			
					3. Date Incorporated or Qualified 08/31/1994	3a. Date of Last R 04/02/1996	· '	
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number		oplied For ot Applicable	
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		04-2645147	¢0.75	Additional	
22		27	27		5. Certificate of Status Desired		parional	
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip			Cour	try	8. This corporation owes or has paid the current year Intangible			
24	25	29	ared Agent		Personal Property Tax due June 30. Yes No 1D. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent CT CORPORATION SYSTEM				81 Name				
	0 S. PINE ISLAND RD		OD Chant Ad		Notice (P.O. Rev Number in Net Acceptable)			
	ANTATION FL 33324		82 Street Add		Address (P.O. Box Number is Not Acceptab	le)		
				B3				
•				B4 City		FL 85 Zip 8	Code	
11. Pursuant	to the provisions of Sections 60:	7.0502 and 607.1508, Florida Statute	es, the ab	ove-named	corporation submits this statement for the p	urnose of changing it	ts registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Land thinking with, and accept the appointment as registered agent. Land thinking with, and accept the appointment as registered agent. Land thinking with, and accept the appointment as registered agent.								
SIGNATURE Signature, typed or printed name of registered agont and title it applicable (NOTE: Registered Agent signature required when remaining) DATE								
12.	OFFICER	S AND DIRECTORS	ECTORS 13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CPT	☐ DELETE	1.1 TITI	E		☐ Change	Addition	
NAME	BEHRAKIS, GEORGE D		1.2 NAME					
STREET ADDRESS	890 EAST ST		1.3 STREET ADDRESS					
CITY-ST-ZIP	<u></u>		1.4 CIT	(-ST-ZIP		Change	Addition	
NAME	MARKOS, WILLIAM		2.2 NAME		ensurante en entre entre entre esta esta esta esta esta esta entre esta esta esta esta esta esta esta est	— •		
STREET ADDRESS	40 BROAD ST		2.3 STREET ADDRESS		2000024079129 -01/22/9801008002			
CITY-ST-ZIP	BOSTON MA 02109		2 4 CITY-\$1-7IP		"UTF 2015 2 ##### 7011	. <u>(() </u>	n nu	
TITLE			3.1 TITE		*****	Change	Addition	
NAME	FLOOR, DICK ESQ		3.2 NAME					
STREET ADDRESS	EXCHANGE PLACE		3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CI1	Y-ST-ZIP				
TITLE	E DELETE		4.1 TITLE			Change	Addition	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS				٠,	
CITY-ST-ZIP	DELETE			r-ST-ZIP		Channe	Addition	
TITLE .	- 		5.1 TITLE 5.2 NAME		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and the		
STREET ADDRESS			5.3 STREFT ADDRESS		(y. al	au	∀	
CITY-ST-ZIP				r-st-zip	1 100	1.1611116)	
TITLE		DELETE	61 TITLE		Je state of the st	☐ Change	Addition	
NAME			6 2 NA)	M E				
STREET ADDRESS			6.3 STP	EET ADDRESS				
CITY-ST-ZIP			6.4 CH	7 - ST - 7IP			 _	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual properties true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the consortation or the receiver or trustee empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if than our formation with an address.

Toc 3/199

CR2E034 (4/