

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000003742 (2)

1. Corporation Name  
MEDPHARMA COMPANY, INC.



Principal Place of Business  
222 LAKEVIEW AVENUE  
SUITE 1700  
WEST PALM BEACH FL 33401

Mailing Address  
222 LAKEVIEW AVENUE  
SUITE 1700  
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 777 S. FLAGLER DR		26 777 S. FLAGLER DR		08/02/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 WEST TOWER #1500		27 WEST TOWER #1500		65-0595304	
City & State		City & State		Applied For	
23 WEST PALM BEACH FL		28 WEST PALM BEACH FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33401		29 33401		30	
Country		Country		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	HORWITZ, DANIEL N	1.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVENUE, STE 1700	1.3 STREET ADDRESS	777 S. FLAGLER DR WEST TOWER #1500
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	VSD	2.1 TITLE	Change Addition
NAME	NOONAN, CHARLES T	2.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVENUE, STE 1700	2.3 STREET ADDRESS	777 S. FLAGLER DR. WEST TOWER #1500
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	D	3.1 TITLE	Change Addition
NAME	LAUER, ELIOT	3.2 NAME	
STREET ADDRESS	101 PARK AVENUE, STE 3500	3.3 STREET ADDRESS	777 S. FLAGLER DR. WEST TOWER #1500
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 report or supplemental annual 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 registered or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE 4-17-98

CR2E034 (10/97)