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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003742

1. Corporation Name

MEDPHARMA COMPANY, INC.

Principal Place of Business

 777 S FLAGLER DR
 W TOWER 1500
 W PALM BCH FL 33401
 US

Mailing Address

 777 S FLAGLER DR
 W TOWER 1500
 W PALM BCH FL 33401
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Incorporated or Qualified

08/02/1995

4. FEI Number

65-0595304

Applied For

Not Applicable

5. Certificate of Status Desired ☐
\$8.75 Additional
 Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐
\$5.00 May Be
 Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 TITLE PD
 NAME HORWITZ, DANIEL N
 STREET ADDRESS 777 S FLAGLER DR W TOWER 1500
 CITY-ST-ZIP WEST PALM BEACH FL 33401
☐ DELETE
 TITLE VSD
 NAME NOONAN, CHARLES T
 STREET ADDRESS 777 S FLAGLER DR W TOWER 1500
 CITY-ST-ZIP WEST PALM BEACH FL 33401
☐ DELETE
 TITLE D
 NAME LAUER, ELIOT
 STREET ADDRESS 777 S FLAGLER DR W TOWER 1500
 CITY-ST-ZIP W PALM BCH FL 33401
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
☐ Change ☐ Addition
 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
☐ Change ☐ Addition
 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
☐ Change ☐ Addition
 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
☐ Change ☐ Addition
 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
☐ Change ☐ Addition
 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 receiver 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 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

CHARLES T. NOONAN

2-1-99 (561) 743-4230

Date

Daytime Phone #