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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000001101

1. Corporation Name
BIOGLAN PHARMA INC.

Principal Place of Business	Mailing Address
ONE PRESIDENT'S PLAZA, STE. 150 4902 EISENHOWER BLVD. TAMPA FL 33634	ONE PRESIDENT'S PLAZA, STE. 150 4902 EISENHOWER BLVD. TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1997

4. FEI Number: 59-3385460 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DEVOGEL, DONALD
ONE PRESIDENT'S PLAZA, STE. 150
4902 EISENHOWER BLVD.
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name: MOCCIA, ROBERT J.
82 Street Address (P.O. Box Number is Not Acceptable): ONE PRESIDENTS PLAZA, STE. 150
83: 4902 EISENHOWER BLVD.
84 City: TAMPA FL 85 Zip Code: 33634

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: Robert J. Moccia — ROBERT J. MOCCIA — April 14, 99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SADLER, TERRY I		1.2 NAME		
STREET ADDRESS	5 HUNTING GATE, HITCHIN		1.3 STREET ADDRESS	1 THE CAM CENTRE, WILBURY WAY, HITCHIN	
CITY-ST-ZIP	HERTZ 5G4 0TJ ENGLAND		1.4 CITY-ST-ZIP	HERTFORDSHIRE, ENGLAND SG4 0TW	
TITLE	DP	☒ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	DEVOGEL, DONALD		2.2 NAME	ROBERT J. MOCCIA	
STREET ADDRESS	4902 EISENHOWER BLVD., STE. 150		2.3 STREET ADDRESS	4902 EISENHOWER BLVD, STE. 150	
CITY-ST-ZIP	TAMPA FL 33634		2.4 CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	DV	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GILL, DON		3.2 NAME		
STREET ADDRESS	5 HUNTINGTON GATE, HITCHIN		3.3 STREET ADDRESS	1 THE CAM CENTRE, WILBURY WAY, HITCHIN	
CITY-ST-ZIP	HERTZ 5G4 0TJ ENGLAND		3.4 CITY-ST-ZIP	HERTFORDSHIRE, ENGLAND SG4 0TW	
TITLE	ST	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	KEAST, SUE		4.2 NAME		
STREET ADDRESS	5 HUNTINGTON GATE, HITCHIN		4.3 STREET ADDRESS	1 THE CAM CENTRE, WILBURY WAY, HITCHIN	
CITY-ST-ZIP	HERTZ 5G4 0TJ ENGLAND		4.4 CITY-ST-ZIP	HERTFORDSHIRE, ENGLAND SG4 0TW	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Moccia — March 4, 1999 — (813) 243-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #