FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/26/95--01057--001
****450.00 ****225.00

DOCUMENT # **J90401** **(7)**

1. Corporation Name
INNOVPHARM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1655 PALM BEACH LAKES BLVD. SUITE 510 WEST PALM BEACH FL 33401	C/O INNOVET.INC 1655 PALM BCH LAKES SUITE 510 WEST PALM BCH LAK FL 33401

3. Date Incorporated or Qualified: 08/28/1987
3a. Date of Last Report: 06/08/1994

2. Principal Place of Business	2a. Mailing Address C/O INNOVET INC
21	26 1655 PALM BEACH LAKES BLVD
Suite, Apt. #, etc 22 SUITE 910	Suite, Apt. #, etc 27 SUITE 910
City & State 23	City & State 28 WEST PALM BEACH FL
Zip / Country 24 / 25	Zip / Country 29 33401 / 30

4. FEI Number: 59-2832215 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOUDESHELL, J.W. 1655 PALM BEACH LAKES,BLVD SUITE 510 WEST PALM BEACH FL 33401	81 Name: SCOTT P CIELEWICH 82 Street Address (P.O. Box Number is Not Acceptable): 1655 PALM BEACH LAKES BLVD. 83: SUITE 910 84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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 607.325, Florida Statutes.

SIGNATURE: Scott P. Cielewich 5/17/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	HOUDESHELL, J.W.	12 NAME	DELETE	
STREET ADDRESS	1655 PALM BEACH LAKES BLVD. SUITE 510	13 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH FL 33401	14 CITY ST ZIP		
TITLE	S/T	21 TITLE		☒ Change ☐ Addition
NAME	SCOTT P. CIELEWICH	22 NAME		
STREET ADDRESS	1655 PALM BEACH LAKES BLVD. SUITE 510	23 STREET ADDRESS	SUITE 910	
CITY ST ZIP	WEST PALM BEAC/FL 33401	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP	☒ DEPOSITED IN HOUSE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: Scott P. Cielewich 5/17/95 4076878088
SIGNATURE AND TYPED OR PRINTED NAME OF DIGITING OFFICER OR DIRECTOR — Date — Daytime Phone #
SCOTT P CIELEWICH

0242760 CP