

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011371

FILED  
Jan 26, 2005  
Secretary of State

Entity Name: KIRK PHARMACEUTICALS, LLC

**Current Principal Place of Business:**

5317 N.W. 35TH TERRACE  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

5317 N.W. 35TH TERRACE  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

5352 N.W. 35TH AVENUE  
FORT LAUDERDALE, FL 33309

FEI Number: 20-0250230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUFFY, CHARLES  
1151 FORT LAUDERDALE BEACH BLVD.  
#12D  
FORT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: COPANOS, JOHN S  
Address: 5317 N.W. 35TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN S COPANOS

MGR

01/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date