

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017682

Entity Name: OSMOPHARM USA, LLC

FILED  
Mar 20, 2009  
Secretary of State

## Current Principal Place of Business:

1893 SW 3RD STREET  
POMPANO BEACH, FL 33069 US

## New Principal Place of Business:

## Current Mailing Address:

1893 SW 3RD STREET  
POMPANO BEACH, FL 33069 US

## New Mailing Address:

FEI Number: 56-2282205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KLEIN, THEODORE J ESQ.  
8030 PETERS RD  
BLDG D, SUITE 104  
FORT LAUDERDALE, FL 33324 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/MANAGERS:

Title: MGR ( ) Delete  
Name: GILINSKI, SAUL  
Address: 1893 SW 3RD STREET  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGR ( ) Delete  
Name: GILINSKI, MAX  
Address: 1893 SW 3RD STREET  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: PRES ( ) Delete  
Name: GILINSKI, ISAAC  
Address: 1893 SW 3RD STREET  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGR ( ) Delete  
Name: SCAPINELLI, BRUNO  
Address: 1893 SW 3RD STREET  
City-St-Zip: POMPANO BEACH, FL 33069 US

## ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MAX GILINSKI

MR

03/20/2009

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