

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098067

FILED
May 19, 2009
Secretary of State

Entity Name: PRIDE PHARMACEUTICS, LLC

Current Principal Place of Business:

1421 EAST OAKLAND PARK BLVD. STE 100
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

1421 EAST OAKLAND PARK BLVD.
100
OAKLAND PARK, FL 33334

Current Mailing Address:

1421 EAST OAKLAND PARK BLVD. STE 100
FORT LAUDERDALE, FL 33334

New Mailing Address:

1421 EAST OAKLAND PARK BLVD.
100
OAKLAND PARK, FL 33334

FEI Number: 39-2071755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NELSON, BOB
2805 EAST OAKLAND PARK BLVD. STE 403
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

NELSON, BOB
1421 E. OAKLAND PARK BLVD
100
OAKLAND PARK, FL 33334 US

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:

05/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NELSON, BOB
Address: 2805 EAST OAKLAND PARK BLVD. STE 403
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NELSON, BOB
Address: 1421 E. OAKLAND PARK BLVD
City-St-Zip: OAKLAND PARK, FL 33334

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: BOB NELSON

MMBR

05/19/2009

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