

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000024145

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** PHX PHARMACEUTICAL RESEARCH & DEVELOPMENT , LLC

**Current Principal Place of Business:**

8888 SW 129 TERRACE  
MIAMI, FL 33176

**New Principal Place of Business:**

13531 SW 101 LANE  
MIAMI, FL 33186

**Current Mailing Address:**

P.O. BOX 566240  
PINECREST, FL 33256

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WESTON, EMILY G  
8888 SW 129 TERRACE  
MIAMI, FL 33176 US

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

WESTON, EMILY G  
7610 SW 79 COURT  
MIAMI, FL 33143 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: EMILY WESTON

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GREEN, LAWRENCE M  
Address: P.O. BOX 566240  
City-St-Zip: PINECREST, FL 33256

I hereby 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: LAWRENCE M. GREEN

MGRM

04/29/2011

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