2000 UNIFORM BUSINESS REPORT (UBR)

000455 AF

DOCUMENT # M02000000781

1. Entity Name
PETNET/PHARMALOGIC, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 AM 9:02

Principal Place of Business	Mailing Address
809 EAST PALMETTO PARK ROAD BOCA RATON FL 33432	809 EAST PALMETTO PARK ROAD BOCA RATON FL 33432-5105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1 South Ocean Blvd.	1 South Ocean Blvd.
Suite, Apt. #, etc.: Suite 206	Suite, Apt. #, etc.: Suite 206
City & State: Boca Raton, FL	City & State: Boca Raton FL
Zip: 33432 Country:	Zip: 33432 Country: U.S.A.

4. FEI Number: 65-0911152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHATOFF, HOWARD
809 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: Howard Chatoff
Street Address (P.O. Box Number is Not Acceptable): 1 South Ocean Blvd.
Suite 206
City: Boca Raton FL Zip Code: 33432

8. 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: Howard Chatoff DATE: 8/3/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

000003356390--9
-08/15/00--01037--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	POSITION ENTERPRISES, LLC		NAME	
STREET ADDRESS	809 EAST PALMETTO PARK ROAD		STREET ADDRESS	1 S. Ocean Blvd. Suite 206
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PETNET PHARMACUTICAL		NAME	
STREET ADDRESS	3571 PEACHTREE PARKWAY, SUITE C		STREET ADDRESS	
CITY-ST-ZIP	SUWANEE GA 30024		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E083 (9/99)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED Howard Chatoff 8/3/00 (561) 416-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #