


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90225 041 \*\*\*150.00

<b>DOCUMENT # P00000002765</b> 1. Entity Name <b>STARCOR PHARMACEUTICALS, INC.</b>			
Principal Place of Business <b>2500 S.W. 17TH ROAD, BLDG. 100</b> <del>STE-101</del> <b>OCALA, FL 34474</b>		Mailing Address <b>2500 S.W. 17TH ROAD, BLDG. 100</b> <del>STE-101</del> <b>OCALA, FL 34474</b>	
2. Principal Place of Business - No P.O. Box # <b>2500 S.W. 17th Rd, Bldg 100</b> Suite, Apt. #, etc.		3. Mailing Address <b>2500 S.W. 17th Rd, Bldg 100</b> Suite, Apt. #, etc.	
City & State <b>Ocala, FL</b> Zip <b>34471</b>		City & State <b>Ocala, FL</b> Zip <b>34471</b>	
Country <b>Marion</b>		Country <b>Marion</b>	
4. FEI Number <b>59-3618320</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOCKE, D. RUSSELL</b> <b>2500 S.W. 17TH ROAD, BLDG. 100</b> <del>STE-101</del> <b>OCALA, FL 34474 34471</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PPTS LOCKE, D. RUSSELL 2500 S.W. 17TH ROAD, BLDG. 100 Ocala, FL 34474	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR LOCKE, D. RUSSELL 2500 S.W. 17TH ROAD, BLDG. 100 Ocala, FL 34474	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  DR Ira W Klimberg 3201 SW 34th Street Ocala, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	