

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000031678

Entity Name: PHARMEXCIPIENT, INC.

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1515 SOUTH FEDERAL HIGHWAY  
105  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1515 SOUTH FEDERAL HIGHWAY  
105  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 59-3641858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PASSOS, VALDEMIR C  
564 VIA DE LA PLATA CIR  
DELRAY BEACH, FL 334846442 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

**OFFICERS AND DIRECTORS:**

Title: VPST  
Name: PASSOS, VALDEMIR C  
Address: 5611 VIA DE LA PLATA CIR  
City-St-Zip: DELRAY BEACH, FL 334846442

Title: P  
Name: FRANGIONI, SERGIO  
Address: 1515 SOUTH FEDERAL HIGHWAY SUITE 116  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VALDEMIR PASSOS

VPC

01/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date