

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90100 027 \*\*\*150.00

**DOCUMENT # P02000033509**

1. Entity Name  
**ACCENTIA BIOPHARMACEUTICALS, INC.**



Principal Place of Business  
**5310 CYPRESS CENTER DRIVE  
SUITE 101  
TAMPA, FL 33609**

Mailing Address  
**324 SOUTH HYDE PARK AVE., STE. 350  
TAMPA, FL 33606**

2. Principal Place of Business  
**324 S. Hyde Park Ave.**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 350**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

Zip

**33606**

Country

**USA**

Zip

Country

04052006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**04-3639490**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **O'DONNELL, FRANCIS E JR.**  
STREET ADDRESS **5310 CYPRESS CENTER DRIVE #101**  
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **D** ☐ Delete  
NAME **ARIKIAN, STEVEN MD**  
STREET ADDRESS **5310 CYPRESS CENTER DRIVE #101**  
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **D** ☐ Delete  
NAME **RYLL, DENNIS L M.D.**  
STREET ADDRESS **5310 CYPRESS CENTER DRIVE #101**  
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **O** ☒ Delete  
NAME **M McNULTY, JAMES A**  
STREET ADDRESS **5310 CYPRESS CENTER DRIVE #101**  
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **O** ☐ Delete  
NAME **PEARCE, ALAN**  
STREET ADDRESS **5310 CYPRESS CENTER DRIVE #101**  
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **O** ☒ Change ☐ Addition  
NAME **O'Donnell, Francis E. JR. M.D.**  
STREET ADDRESS **324 S. Hyde Park Ave. Ste. 350**  
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **D** ☒ Change ☐ Addition  
NAME **Arikian, Steven, M.D.**  
STREET ADDRESS **324 S. Hyde Park Ave. Ste. 350**  
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **D** ☒ Change ☐ Addition  
NAME **Ryll, Dennis L. M.D.**  
STREET ADDRESS **324 S. Hyde Park Ave. Ste. 350**  
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **O** ☐ Change ☒ Addition  
NAME **Schubert, David**  
STREET ADDRESS **324 S. Hyde Park Ave. Ste. 350**  
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **O** ☒ Change ☐ Addition  
NAME **Pearce, Alan**  
STREET ADDRESS **324 S. Hyde Park Ave. Ste. 350**  
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **D** ☐ Change ☒ Addition  
NAME **Dubinsky, John P.**  
STREET ADDRESS **324 S. Hyde Park Ave.**  
CITY-ST-ZIP **Tampa, FL 33606**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/5/06 313 864-2554**

ATTACHMENT  
40056298  
# P02000033509

Title: D x - Addition  
Name: Stogel, Steven J.  
Street Address: 324 South Hyde Park Ave., Ste. 350  
City/St/Zip: Tampa, FL 33606

Title: D x - Addition  
Name: Baum, Martin G.  
Street Address: 324 South Hyde Park Ave., Ste. 350  
City/St/Zip: Tampa, FL 33606