## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000105721

Entity Name: LC PHARMACEUTICAL, INC.

CORAL SPRINGS, FL 33065

City-St-Zip:

FILED Apr 05, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3882 N.W. 124TH AVENUE CORAL SPRINGS, FL 33065 **Current Mailing Address: New Mailing Address:** 3882 N.W. 124TH AVENUE CORAL SPRINGS, FL 33065 FEI Number: 20-0255535 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STARNES, CHARLES D 3882 N.W. 124TH AVENUE CORAL SPRINGS, FL 33065 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CAPELLA, LES Name: Name: 3882 N.W. 124TH AVENUE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: () Change () Addition Name: STARNES, CHARLES D Name: 3882 N.W. 124TH AVENUE Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LES CAPELLA D 04/05/2005