

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164917

FILED
Apr 30, 2009
Secretary of State

Entity Name: COLLIER PHARMACEUTICAL SERVICES, INC.

Current Principal Place of Business:

700 2ND AVENUE
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

700 2ND AVENUE
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-2161227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIVSAN, KAR M
700 2ND AVE N
STE 101
NAPLES, FL 34102 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MISIR, SHIVSANKAR
Address: 5050 MABRY DRIVE
City-St-Zip: NAPLES, FL 34112

Title: V P () Delete
Name: GALLAGHER, JOHN
Address: 2220 GOSHAWK COURT
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHIVSANKAR MISIR

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04/30/2009

Electronic Signature of Signing Officer or Director

Date