

PD5000110973

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)205-0380

## From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (305)672-0686  
Fax Number : (305)672-9110

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## REGISTERED AGENT CHANGE

METRAGEN PHARMACEUTICALS, INC.

Certificate of Status	0
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Page Count	0162
Estimated Charge	\$35.00

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation is: METRAGEN PHARMACEUTICALS, INC.
2. The principal office address: 600 West Hillsboro Blvd., Ste. 104  
DEERFIELD BEACH FL 33441
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/10/2005 Document Number: P05000110973
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:  
JOSEPH RUSCHAK  
600 W. HILLSBORO BLVD., 1st FLOOR  
DEERFIELD BEACH FL 33442
6. The name and street address of the new registered agent (if changed) and /or registered  
(if changed):  
PHILLIP PIERSON  
600 West Hillsboro Blvd., Ste. 104  
(P.O. Box Not acceptable)  
DEERFIELD BEACH FL 33441

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 by N. Pasquier as attorney-in-fact for Phillip Pierson  
(Signature of an officer or director) (Printed or Typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

 12/28/2005  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Norman Pasquier, Asst. Secretary for CCNI  
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc.  
941 Fourth Street  
Miami Beach FL 33139  
(305) 872-0686

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