## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000030037

FILED Apr 09, 2009 Secretary of State

Entity Na	me: OSBORN	IE PHARM, INC.				-		
Current Principal Place of Business:				New Principal Place of Business:				
8981 PALM TREE LANE PEMBROKE PINES, FL 33024				333 NW 70TH AVE 102 PLANTATION, FL 33317				
Current Mailing Address:				New Mailing Address:				
8981 PALM TREE LANE PEMBROKE PINES, FL 33024				333 NW 70TH AVE 102 PLANTATION, FL 33317				
FEI Number	: 20-4406789	FEI Number Applied For ( )	FEI Nur	nber Not Appl	licable ( )	Certificate of Status D	Desired ( )	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
	CUTIVE PARK	DRIVE US						
	e named entity e of Florida.	submits this statement for the	purpose o	of changing i	ts registered o	office or registered ag	gent, or both,	
SIGNATUI	RE:							
	Electror	ic Signature of Registered Ag	ent			Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	OSBORNE, CH 8981 PALM TR			Title: Name: Address: City-St-Zip:	D (X OSBORNE, CH 3706 NW 88TH COOPER CITY	H TERR		
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() Delete Title: Title: () Change () Addition

OSBORNE, CHESTER D Name: Name: Address: 445 SAN MATEO DR Address: PALM SPRINGS, FL 33461 City-St-Zip: 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: CHRISTOPHER OSBORNE **PRES** 04/09/2009