

P08000073447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

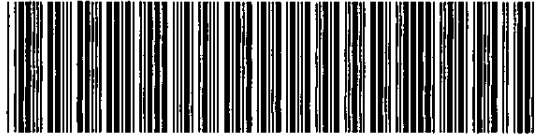
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TALLAHASSEE, FLORIDA

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*12/17/08*

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# ROZENCWAIG, NADEL & FERRERO-CARR, LLP

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS  
301 W. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FLORIDA 33009

LESLIE ALAN ROZENCWAIG, P.A.  
HOWARD B. NADEL, P.A.  
ROSARIO FERRERO-CARR, P.A.

TELEPHONE (954) 455-5100  
TELEFAX (954) 455-6500  
E-MAIL [LAR@RNFLAW.COM](mailto:LAR@RNFLAW.COM)

December 5, 2008

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Our Client File Number 1817(d)

Dear Sir or Madam:

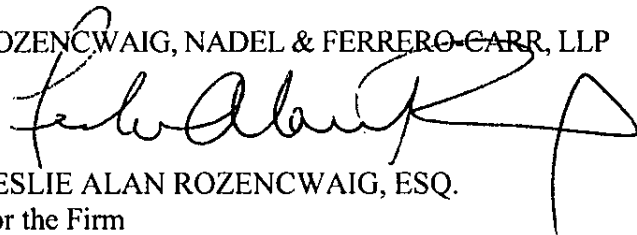
Enclosed please find the following documents in connection with Proderm Pharmaceuticals, Inc.:

1. Cover Letter.
2. Articles of Amendment to Articles of Incorporation.
3. Check Number 004420 in the amount of Thirty-Five Dollars (\$35) representing the processing fee.

Should you have any questions, please do not hesitate to contact me.

Cordially,

ROZENCWAIG, NADEL & FERRERO-CARR, LLP



LESLIE ALAN ROZENCWAIG, ESQ.  
For the Firm

LAR/cv

Enclosures

f:\wpdata\rozencwaig\1817\letters\amend-section-div-corp-proderm-pharmaceuticals-inc-12-5-08.doc

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** PRODERM PHARMACEUTICALS, INC.

**DOCUMENT NUMBER:** P08000073447

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Alan Rozencwaig, Esq.

(Name of Contact Person)

Rozencwaig, Nadel & Ferrero-Carr, LLP

(Firm/ Company)

301 W. Hallandale Beach Boulevard

(Address)

Hallandale Beach, Florida 33009

(City/ State and Zip Code)

For further information concerning this matter, please call:

Leslie Alan Rozencwaig, Esq.

(Name of Contact Person)

at ( 954 ) 455-5100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

PRODERM PHARMACEUTICALS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000073447

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Proderm Animal Health, Inc.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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08 DEC 10 PM 3:54  
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TALLAHASSEE, FLORIDA

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_ (Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 10/28/2008

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."

(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

Signature

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ruben Martinez

(Typed or printed name of person signing)

President

(Title of person signing)