

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000111465

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** LAB PHARMACEUTICALS CORP.

**Current Principal Place of Business:**

7001 SW 73RD CT  
MIAMI, FL 33143

**New Principal Place of Business:**

4010 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

7001 SW 73RD CT  
MIAMI, FL 33143

**New Mailing Address:**

4010 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146

**FEI Number:** 26-3999549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FABRE, FRANK R ESQ  
2310 COUNTRY CLUB PRADO  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** BELLON, LEO A  
**Address:** 4010 UNIVERSITY DRIVE  
**City-St-Zip:** CORAL GABLES, FL 33146

**Title:** VPTD  
**Name:** BELLON, LEOPOLDO  
**Address:** 4010 UNIVERSITY DRIVE  
**City-St-Zip:** CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

**SIGNATURE:** LEO A BELLON

PSD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date