

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000007593

Entity Name: PYUR PHARMACEUTICALS, INC.

FILED  
Mar 16, 2011  
Secretary of State

**Current Principal Place of Business:**

4401 SHERIDAN STREET  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4401 SHERIDAN STREET  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 27-1776781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD  
Name: ASHEKUN, AKIN  
Address: 19046 BRUCE B DOWNS BOULEVARD  
City-St-Zip: TAMPA, FL 33647

Title: S  
Name: AOUN, SARAH  
Address: 19046 BRUCE B DOWNS BOULEVARD  
City-St-Zip: TAMPA, FL 33647

Title: D  
Name: FISHMAN, ROBERT DR  
Address: 4401 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

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: AKIN ASHEKUN

PD

03/16/2011

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

\_\_\_\_\_  
Date