

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000040361

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** CONCORDANT PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

1000 SOUTH PINE ISLAND ROAD  
SUITE 430  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 SOUTH PINE ISLAND ROAD  
SUITE 430  
PLANTATION, FL 33324 US

**New Mailing Address:**

**FEI Number:** 27-5381603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDFARB, ROBERT I  
1000 SOUTH PINE ISLAND ROAD  
SUITE 430  
PLANTATION, FL 33324 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: P  
Name: VOGELHUBER, MATTHEW  
Address: 1853 GAINESBOROUGH DRIVE  
City-St-Zip: ATLANTA, GA 30341 US

Title: SVP  
Name: RODRIGUEZ, JUAN F  
Address: 8459 NORTH BAYSHORE BOULEVARD  
City-St-Zip: MIAMI, FL 33138 US

Title: SVP  
Name: GOLDFARB, ROBERT I  
Address: 1000 SOUTH PINE ISLAND ROAD SUITE 430  
City-St-Zip: PLANTATION, FL 33324 US

Title: CHM  
Name: HAHN, ELLIOT F  
Address: 1000 SOUTH PINE ISLAND ROAD SUITE 430  
City-St-Zip: PLANTATION, FL 33324 US

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: ROBERT I GOLDFARB

SVP

03/07/2011

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

\_\_\_\_\_  
Date