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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90224 048 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P39735

1. Corporation Name
SUNPHARM CORPORATION

Principal Place of Business
**4651 SALISBURY RD., SUITE 205
 JACKSONVILLE FL 32256**

Mailing Address
**4651 SALISBURY RD., SUITE 205
 JACKSONVILLE FL 32256**



DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 3. Date Incorporated or Qualified 07/17/1992 | |
| 4. FEI Number 59-3097048 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 814 Highway A1A | 2a. Mailing Address 26 814 Highway A1A |
| Suite, Apt. #, etc. 22 Suite 301 | Suite, Apt. #, etc. 27 Suite 301 |
| City & State 23 Ponte Vedra Beach, FL | City & State 28 Ponte Vedra Beach, FL |
| Zip Country 24 32082 USA | Zip Country 29 32082 USA |

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|--|
| TITLE | PSTD | <input type="checkbox"/> DELETE |
| NAME | BORG, STEFAN | |
| STREET ADDRESS | 4651 SALISBURY RD., SUITE 205 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JANICKI, ROBERT S., M.D. | |
| STREET ADDRESS | 318 FERN STREET | |
| CITY-ST-ZIP | DUCK KEY FL 33050 | |
| TITLE | C | <input checked="" type="checkbox"/> DELETE |
| NAME | REJEANGE, JACQUES F | |
| STREET ADDRESS | 3060 GRAND BAY BLVD. | |
| CITY-ST-ZIP | SARASOTA FL 34232 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TRACY, PHILIP R. | |
| STREET ADDRESS | 420 DRUMMOND DR.. | |
| CITY-ST-ZIP | RALEIGH NC 27609 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SCHOELLHORN, ROBERT A. | |
| STREET ADDRESS | 105 S. BERTELSON | |
| CITY-ST-ZIP | EUGENE OR 97402 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SCHWARTZ, GEORGE B. | |
| STREET ADDRESS | 140 GREENWICH AVE. | |
| CITY-ST-ZIP | GREENWICH CT 60062 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------------|--|
| 1.1 TITLE | P T D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | BORG, STEFAN | |
| 1.3 STREET ADDRESS | 220 Pablo Road | |
| 1.4 CITY-ST-ZIP | Ponte Vedra Beach FL 32082 | |
| 2.1 TITLE | V S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | BRYANT, CECILIA | |
| 2.3 STREET ADDRESS | 4339 ORTEGA FOREST DRIVE | |
| 2.4 CITY-ST-ZIP | JACKSONVILLE, FL 32210 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | JACKSON, JERRY THOMAS | |
| 3.3 STREET ADDRESS | 7212 N. SECRET CANYON DRIVE | |
| 3.4 CITY-ST-ZIP | TUCSON, AZ 85718 | |
| 4.1 TITLE | C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | TRACY, PHILIP R. | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | DIMMLER III, CHARLES L. | |
| 5.3 STREET ADDRESS | 4 FLORA DRIVE | |
| 5.4 CITY-ST-ZIP | HOLMDEL, NJ 07733 | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | MOORIN, JAY | |
| 6.3 STREET ADDRESS | 31 HEREFORD DRIVE | |
| 6.4 CITY-ST-ZIP | PRINCETON JUNCTION, NJ 08550 | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stefan Borg **STEFAN BORG** 4/15/99 904-394-2800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)