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## **DOCUMENT # P39735**

Entity Name

SUNPHARM CORPORATION						FILED						
SUNFIA	AUM COU	FUNATION						00.4	DD 0 -			
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·			Mailing Address			1	A Company	SEC	QUTAES	/ ያነጦ ሰ	YTATE:	
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PONTE VEDRA-BEACH FL-92002 PONTE VEDRA-BEACH FL-92002 US-			32082						-:	or nort		
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2. Principal Place of Business 153 Second Avenue			3. Mailing Address 153 Second Avenue					18 11210 19121 1888		ni didini di	di didi did	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_		DO NOT V	VRITE IN T	'HIS SPA	CE	
City & State	 e		City & State	· · · · · · · · · · · · · · · · · · ·		4, FE	El Number	FA 0005			Ар	plied For
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Zip 02451		Country	Zip 02451	Country		<b>5.</b> C	ertificate of	Status Desire	d 🗆		.75 Add	
02431	6. Name	and Address of Current I				7. Na	ame and A	ddress of Ne	w Registe			
	<u></u>				Name Co:	rporat	tion S	ervice	Compar	ny		
		TION SYSTEM SLAND RD.			Street Addres	ss (P.O. Bo	x Number i	is Not Accept	able)	<u>-</u> -		
	NTATION F			-	120	1 77						
				-			Stre	et			Zio Code	
					City Talla					FL	32301	
8. The above	named entit	ty submits this statement for	the purpose of changing its	registered	office or regis	stered age	nt, or both,	in the State o	f Florida.			
SIGNATURE :	Sugar	A. Vertrees	, Asst Secu A	(1 (1) (1) (1)	, 01	Vos D	1000		4-	21-0	a <sub>o</sub>	]
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SIGNATURE .	Signature, typed	d or printed name of registered agent a	nd title if applicable (NOT	E: Registered A	Agent signature requ	uired when rein	stating)		D.	ATE		
9. This corpo	Signature, typed pration is elig	d or printed name of registered agent a jible to satisfy its Intangible	FILE NOW	!!! FEE IS	\$ \$150.00		<del></del>	ion Campaigr	o. Financino	ATE		May Be
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

781-290-5888

Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 678175

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : April 27, 2000

ORDER TIME : 11:04 AM

ORDER NO. : 678175-005

CUSTOMER NO: 5050993

CUSTOMER: Ms. Priscilla M. English

Geltex Pharmaceuticals, Inc.

153 Second Ave

Waltham, MA 02451

CHANGE OF AGENT

NAME: SUNPHARM CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson