

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39735

1. Entity Name

SUNPHARM CORPORATION

FILED

00 APR 28 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~014 HWY A1A~~
~~STE 301~~
~~PONTE VEDRA BEACH FL 32082~~
~~US~~

~~014 HWY A1A~~
~~STE 301~~
~~PONTE VEDRA BEACH FL 32082~~
~~US~~

2. Principal Place of Business

3. Mailing Address

153 Second Avenue
Suite, Apt. #, etc.

153 Second Avenue
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Waltham, MA

City & State
Waltham, MA

4. FEI Number **59-3097048**

Applied For
Not Applicable

Zip Country
02451 US

Zip Country
02451 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee FL Zip Code 32301

8. 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 Susan A. Vertrees, Asst. Secy Susan A. Vertrees 4-21-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BORG, STEFAN 220 PABLO RD PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANICKI, ROBERT S., M.D. 318 FERN STREET DUCK KEY FL 33050	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRYANT, CECILIA 4339 ORTEGA FOREST DR JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TRACY, PHILIP R. 420 DRUMMOND DR.. RALEIGH NC 27609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOELLHORN, ROBERT A. 105 S. BERTELSON EUGENE OR 97402	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMMLER, CHARLES L III 4 FLORA DR HOLMDEL NJ 07733	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Skaletsky, Mark 153 Second Avenue Waltham, MA 02451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Mellett, Paul 153 Second Avenue Waltham, MA 02451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: Mark Skaletsky (Mark Skaletsky)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 781-290-5888
Date Daytime Phone #

C.F. 07/24/00/010

2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 678175 5050993

AUTHORIZATION :

Patricia Pizito

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

RECEIVED
00 APR 28 PM 12:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA