

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002894

FILED  
Apr 06, 2010  
Secretary of State

Entity Name: LEO PHARMA AMERICAS INC.

**Current Principal Place of Business:**

1571 SAWGRASS CORPORATE PARKWAY  
SUITE 120  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

1571 SAWGRASS CORPORATE PARKWAY  
SUITE 120  
SUNRISE, FL 33323 US

**New Mailing Address:**

FEI Number: 65-0469932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WEISSMAN & DERVISHI, P.A.  
ATTN: JEFFREY M. WEISSMAN  
3109 STIRLING RD., SUITE 101  
FT. LAUDERDALE, FL 33312 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: MINOR, LARS  
Address: 55 INDUSTRIPARKEN  
City-St-Zip: BALLERUP DK-2750, DK DENMARK DK

Title: FM  
Name: MOSES, GRACIELA J  
Address: 1571 SAWGRASS CORPORATE PKWY, SUITE 120  
City-St-Zip: SUNRISE, FL 33323 US

Title: PST  
Name: KALLESTRUP, PETER C  
Address: 1571 SAWGRASS CORPORATE PKWY, SUITE 120  
City-St-Zip: SUNRISE, FL 33323 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: GRACIELA J MOSES

FM

04/06/2010

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

\_\_\_\_\_ Date