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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000086789 (2)**

1. Corporation Name
DOYEN MEDIPHARM, INC.

Principal Place of Business	Mailing Address
5015 N. FRONTAGE RD. LAKELAND FL 33809 US	PO BOX 5978 LAKELAND FL 33807 US

3. Date Incorporated or Qualified: 11/30/1994
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business	2a. Mailing Address
21 625 McCue Rd.	26 625 McCue Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Lakeland, FL	28 Lakeland, FL
24 Zip 33801-3254 25 Country Polk	29 Zip 33801-3254 30 Country Polk

4. FEI Number: 59-3280917 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERISWILL, MARTIN 2840 CHATSWORTH LANE LAKELAND FL 33813	81 Name: Beriswill, Martin 82 Street Address (P.O. Box Number is Not Acceptable): 625 McCue Road 83 84 City: Lakeland, FL 85 Zip Code: 33801

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 _____ (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERISWILL, MARTIN 2840 CHATSWORTH LANE LAKELAND FL 33813 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D ☒ Change ☐ Addition Beriswill, Martin 625 McCue Rd. Lakeland, FL 33801-3254
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARD, GREG 2840 CHATSWORTH LANE LAKELAND FL 33813 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	T/D ☒ Change ☐ Addition Ward, Greg 625 McCue Rd. Lakeland, FL 33801-3254
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S/D ☐ Change ☒ Addition Johnson, Ray 520 Speedwell Ave. Morris Plains, NJ 07950-2126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	M/C ☐ Change ☒ Addition Isaacs, Alan Cavendish House Cambridge Rd. Barton, Cambridge England CB3 7AR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	V/D ☐ Change ☒ Addition O'Brien, Jim P.O. Box 346 Phoenixville, PA 19460-0346
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Martin J. Beriswill 4/26/96 941/683-6335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Martin J. Beriswill, President