

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000086789

1. Corporation Name

DOYEN MEDIPHARM, INC.

Principal Place of Business

625 MCCUE ROAD
LAKELAND FL 33801-3254
US

Mailing Address

625 MCCUE ROAD
LAKELAND FL 33801-3254
US

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90098 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BERISWILL, MARTIN
625 MCCUE ROAD
LAKELAND FL 33801-3254

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	BERISWILL, MARTIN	
STREET ADDRESS	625 MCCUE ROAD	
CITY-ST-ZIP	LAKELAND FL 33801-3254	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	WARD, GREG	
STREET ADDRESS	625 MCCUE ROAD	
CITY-ST-ZIP	LAKELAND FL 33801-3254	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	JOHNSON, RAY	
STREET ADDRESS	520 SPEEDWELL AVE.	
CITY-ST-ZIP	MORRIS PLAINS NJ 07950-2126	
TITLE	M/C	<input type="checkbox"/> DELETE
NAME	ISAACS, ALAN	
STREET ADDRESS	CAVENDISH HOUSE CAMBRIDGE RD.	
CITY-ST-ZIP	BARTON, CAMBRIDGE ENGLAND CB3-7AR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Martin Beriswill* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

(941) 683-6335

Daytime Phone #

CR2E034 (11/98)