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. PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000090657

1. Corporation Name

PHILLIPS PHARMATECH LABS, INC.

## **FILED** Jan 21, 1999 8:00am Secretary of State

01-21-1999 90029 016 \*\*\*158.75



Principal Place of Business Mailing Address 8767 115TH AVE. N. 8767 115TH AVE. N OAKWOOD INDUSTRIAL PARK OAKWOOD INDUSTRIAL PARK LARGO FL 33773-4904 LARGO FL 33773-4904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/13/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3287302 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 25 30 ☐ Yes □No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PHILLIPS, BRETT J 8767 115TH AVE. N. 82 Street Address (P.O. Box Number is Not Acceptable) OAKWOOD INDUSTRIAL PARK 83 LARGO FL 33773-4904 84 City 85 Zip Code A1. 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. Fam 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE ☐ Change Addition TITLE 1.1 TITLE PHILLIPS, BRETT J 1.2 NAME NAME 8767 115TH AVE. N. 1.3 STREET ADDRESS STREET ADDRESS **LARGO FL 33773** CITY-ST-ZiP 1.4 CITY-ST-ZIP ☐ DELETE Addition ☐ Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ŽIP DELETE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP. DELETE Change 4.1 TITLE ☐ Addition NAME 11577 5 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE ☐ DELETE Change ☐ Addition TITLE \$148 1850 P. P. T. 6.2 NAME NAME 现在的原本。 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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