

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

FILED


Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90029 016 ***158.75



DO NOT WRITE IN THIS SPACE

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.			
Principal Place of Business 8767 115TH AVE. N. OAKWOOD INDUSTRIAL PARK LARGO FL 33773-4904		Mailing Address 8767 115TH AVE. N. OAKWOOD INDUSTRIAL PARK LARGO FL 33773-4904	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent PHILLIPS, BRETT J 8767 115TH AVE. N. OAKWOOD INDUSTRIAL PARK LARGO FL 33773-4904		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETED]		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP [DELETED]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETED]		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [DELETED]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETED]		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [DELETED]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETED]		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [DELETED]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETED]		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [DELETED]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETED]		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [DELETED]	

SIGNATURE: *Brett J Phillips* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/98

Date

727-357-7881

Daytime Phone #

CR2E034 (11/98)