

P95000011645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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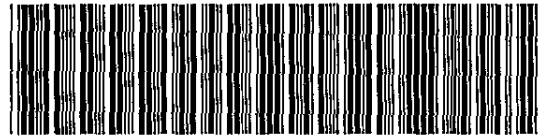
(Business Entity Name)

(Document Number)

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FILED  
03 AUG -7 AM 10:00  
TALLAHASSEE, FLORIDA

R.A. chg  
MAD 8/10/03

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RAIN FOREST PHARMACEUTICALS, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** P95000011648

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK ANTHONY  
(Name of person)

MID-CONTINENTAL SECURITIES, INC.  
(Name of firm/company)

713 PINESIDE LANE  
(Address)

NAPLES, FL 34108  
(City/state and zip code)

For further information concerning this matter, please call:

MARK ANTHONY at (239) 598-2300  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RAIN FOREST PHARMACEUTICALS, INC.
2. The principal office address: 713 PINESIDE LANE  
NAPLES, FL 34108
3. The mailing address (if different): P.O. BOX 110310  
NAPLES, FL 34108-5106
4. Date of incorporation/qualification: 2/10/98 Document number: P95000011648
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ROBERT EDWARDS  
1173 HILLSBORO MEDE  
HILLSBORO BEACH, FL 33062

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MID-CONTINENTAL SECURITIES CORP  
713 PINESIDE LANE  
(P.O. Box or personal mailbox NOT acceptable)  
NAPLES, FL 34108

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Mark Anthony  
(Signature of Registered Agent)

7-30-03  
(Date)

If signing on behalf of an entity:

MARK ANTHONY  
(Typed or Printed Name)

Registered Agent  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314