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	1998	A STATE	9	DIVISION OF CORPORATIONS			Secretary of State				
Corporatio	MENT # on Name PHARM, INC:	P97000	08	6609 (	(9)						
incipal Place of Business Mailing Address									I BENIN DONN BENE	ANALO BILAN OLIALA	ICIER INIT INGE
3201 W LAKESHORE DRIVE         3201 W LAKESHORE DR           TALLAHASSEE FL 32312         TALLAHASSEE FL 32312								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qua 10/07/1997	lified	••••••••	
Principal F	Place of Business		h	Mailing Addross			/	4. FEI Number	36		pplied For
Sulte, Apt.	. #, etc.		h	Suite, Apt. #, otc				59-34719 5. Certificate of Status Desir			ot Applicable Additional
City & Stat	te		27	City & State				6. Election Campaign Finance			equired May Be
Zip	Co	untry	28	Zip		ountry		Trust Fund Contribution 8. This corporation owes or I		Added	to Fees
	25	dress of Current R	29	red Agent	30	т. Т.		Personal Property Tax due 10. Name and Address of N	a June 30.	🗌 Yes 🔰	
	ILLIS, STEPHEN (	>	Toglate	ica rigent		<b>81</b> Na	ame	IV. Hame and Adultas of H	aw nagistara	a Agent	
	201 W LAKESHOR ALLAHASSEE FL 3					82 Str	reet Addri	ess (P.O. Box Number is Not Acc	ceptable)		
						83					
						<b>64</b> Cit	•		 F		Code
Pursuant     office or i	to the provisions of a registered agent, or am familiar with, and	Sections 607.0502 a both, in the State of l accept the obligatio	and 603 Florida	7.1508, Florida S 1. Such change v Section 607.050	tatutes, the a vas authorize 5, Florida Sta	84 Cit above-nar ed by the	•	oration submits this statement fo on's board of directors. I hereby			
Pursuant office or i agent. I a	am naminar wiin, and	Soctions 607.0502 a both, in the State of accept the obligatio	ons of,	Section 607.050	5, FIORIDA Sta	<b>64</b> Cit above-nar ed by the atutes.	med corp corporati	ed when reinstating)	r the purpose accept the ap DATE	of changing ppointment as	ts registered registered
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