

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90139 021 \*\*\*150.00

**DOCUMENT # P98000008576**

1. Entity Name  
**IYATA PHARMACEUTICAL, INC.**



Principal Place of Business  
**3910 US HWY 301  
STE 105  
TAMPA FL 33619**

Mailing Address  
**15350 AMBERLY DRIVE  
UNIT 4711  
TAMPA FL 33647**



2. Principal Place of Business  
**SAME**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3202965**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ADEKUNLE, MICHAEL M.D.  
15350 AMBERLY DRIVE  
UNIT 4711  
TAMPA FL 33647**

**7. Name and Address of New Registered Agent**

Name **SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☒ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PD			
	ADEKUNLE, MICHAEL M.D.	15350 AMBERLY DRIVE SUITE 4711	TAMPA FL 33647	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**07/22/03 - 813 740 1810**

Date Daytime Phone #

CR2E034 (4/03)



Attachment

90147497  
#P98000008576

07-22-03

Florida Department Of STATE  
Uniform Business Report  
Division Of Corporations  
P.O.Box 1500  
TALLAHASSEE, FL 32302-1500

Dear Sir/Madam,  
Compliments of the seasons. We are writing to inform you that our office did not receive any prior forms for registration from your office.

Sometime this year we did call to investigate not receiving one and we were told to expect it in the mail. We did not receive the forms in the mail while our business neighbours received theirs.

Thanks sincerely,

A handwritten signature in black ink, appearing to read "Michael B. ADEKUNLE", written over a horizontal line.

Michael B. ADEKUNLE,