

P 99000090868

Florida Department of State
Division of Corporations
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From: Account Name : AKERMAN, SENTERFITT & EIDSON, P.A. (FT. LAUDERDALE)
Account Number : 119980000010
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

KIRK PHARMACEUTICALS, INC.

RECEIVED
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DIVISION OF CORPORATION

Certificate of Status	0
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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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Kirk Pharmaceuticals, Inc.

2. The mailing address of the corporation : 5317 NW 35th Terrace

Fort Lauderdale, FL 33309

3. Date of incorporation/qualification: October 15, 1999 Document number: P99000090868

4. The name and address of the current registered agent and office:

Allison Edwards

5317 NW 35th Terrace

Fort Lauderdale, FL 33309

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

David Ristaino c/b Akerman, Senterfitt & Eidson, P.A.

350 East Las Olas Boulevard, Suite 1600

Fort Lauderdale, FL 33301

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.

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

4-15-02
(Date)

Allison Edwards Director
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

David C Ristaino
(Signature of Registered Agent)

4/15/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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