FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:22

DOCUMENT # S59037 (9)

1. Corporation Name
CARL THERAPEUTICS, INC.

Principal Place of Business
~~% C T CORPORATION SYSTEM~~
~~ONE PROGRESS BLVD., BOX 18~~
~~ALACHUA FL 32615~~

Mailing Address
~~% C T CORPORATION SYSTEM~~
~~ONE PROGRESS BLVD., BOX 18~~
~~ALACHUA FL 32615~~
Carl Corporation

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 149 Turkey Creek	06/12/1991	04/25/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 84-1172845	Applied For / Not Applicable
City & State 23	City & State 28 Alachua FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 32615 / Country 30 Alachua	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

MADDOCK, STEPHEN W. PH.
C/O CARL THERAPEUTICS
~~ONE PROGRESS BLVD., BOX 18~~
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name: Stephen Maddock c/o Carl Therapeutics, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 149 Turkey Creek
83
84 City: Alachua FL 85 Zip Code: 32615

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: S Maddock
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	S	1.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, ROBERT M.	1.2 NAME	
STREET ADDRESS	4860 ROBB ST. SUITE 206	1.3 STREET ADDRESS	
CITY-ST-ZIP	WHEAT RIDGE CO 80033-2162	1.4 CITY-ST-ZIP	
TITLE	PC	2.1 TITLE	☐ Change ☐ Addition
NAME	MADDOCK, STEPHEN W.	2.2 NAME	
STREET ADDRESS	136 TURKEY CREEK	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S Maddock Stephen W Maddock 1/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date (Optional) Phone #

0412205 FP