2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# V44928

Entity Name: ENDO-THERAPEUTICS, INC.

Current Principal Place of Business:

15251 ROOSEVELT BLVD
204
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

15251 ROOSEVELT BLVD
204
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-3142753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARLES T. HARDY
1647 BRANDY WINE WAY
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HARDY, CHARLES T	
Address:	1647 BRANDYWINE WAY	
City-St-Zip:	DUNEDIN, FL 36498	
Title:	VSTD	( ) Delete
Name:	CEFARATTI, TANIA J	
Address:	3173 BELCHER RD	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	D	( ) Delete
Name:	HARDY, JANET K	
Address:	1647 BRANDY WINE WAY	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	PD	( ) Delete
Name:	QUERIDO, ROBERT	
Address:	1349 FORESTEDGE BLVD.	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	D	( ) Delete
Name:	QUERIDO, BEATRICE	
Address:	1349 FORESTEDGE BLVD.	
City-St-Zip:	OLDSMAR, FL 34677	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	QUERIDO, ROBERT	
Address:	1349 FORESTEDGE BLVD.	
City-St-Zip:	OLDSMAR, FL 34677	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANIA CEFARATTI VP 04/20/2009

Electronic Signature of Signing Officer or Director Date