

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V57953

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** NEPHRON PHARMACEUTICALS CORPORATION

**Current Principal Place of Business:**

4121 SW 34TH STREET  
ORLANDO, FL 32811 US

**New Principal Place of Business:**

**Current Mailing Address:**

3855 ST VALENTINE WAY  
ORLANDO, FL 32811 US

**New Mailing Address:**

**FEI Number:** 93-1065757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENNEDY, WILLIAM P D  
4121 34TH STREET  
ORLANDO, FL 32811 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KENNEDY, LOU W CEO  
Address: 4121 34TH STREET  
City-St-Zip: ORLANDO, FL 32811 US

Title: VD  
Name: WHITNER, ASHLEY  
Address: 4121 SW 34TH STREET  
City-St-Zip: ORLANDO, FL 32811 US

Title: VD  
Name: MCGOWAN, COURTNEY  
Address: 4121 SW 34TH STREET  
City-St-Zip: ORLANDO, FL 32811 US

Title: STD  
Name: LEE, BARBARA J  
Address: 4121 S W 34TH STREET  
City-St-Zip: ORLANDO, FL 32811 US

Title: D  
Name: KENNEDY, WILLIAM P  
Address: 4121 SW 34TH STREET  
City-St-Zip: ORLANDO, FL 32811 US

Title: D  
Name: KENNEDY, WILLIAM P  
Address: 4121 SW 34TH STREET  
City-St-Zip: ORLANDO, FL 32811 US

I hereby 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 all other like empowered.

SIGNATURE: BARBARA LEE

STD

04/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date