FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67890 (6)

1. Corporate Name
HILL DERMACEUTICALS (NIPPON), INC.

Principal Address
PO BOX 3831
ORLANDO FL 32802
US

Mailing Address
PO BOX 3831
ORLANDO FL 32802
US

Certificate Number (If Known)

3. Date Incorporated or Qualified: 10/01/1992
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0361350 ☐ Applied For ☐ Not Applicable
Suite, Apt. # or P.O. Box (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has authority to indemnify as under S. 607.0850, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DANIELS, ROBERT L., JR.
25 S MAGNOLIA AVE.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 (Typed or printed name of registered agent and title if applicable) (All Registered Agent signatures must be witnessed after 12/31/93) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	☐ Change ☐ Addition
NAME	ROTH, LARRY M.	12 NAME	
STREET ADDRESS	331 W LAKE FAITH DR	13 STREET ADDRESS	
CITY ST ZIP	MAITLAND FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I declare to the best of my knowledge and belief, the information supplied with this filing is complete and accurate. I further declare that I am aware that the 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 above or on an attachment with an address.

SIGNATURE: [signature] Larry M. Roth 4/27/95 (407) 872-7091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0063427 CP

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Secretary of State

APPROVED

DOCUMENT # V68040 (7)

1. Corporation Name

JAMES B. YOUNG, P.A.

Principal Place of Business: 300 5TH AVE SOUTH, NAPLES FL 33940

Mailing Address: 300 5TH AVE SOUTH, NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	09/25/1992
3a. Date of Last Report	05/01/1994
4. FEI Number	65-0368020
5. Certificate of Status Desired	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes	Yes / No

2. Principal Place of Business	2a. Mailing Address
21 1100 Sixth Ave South	26 1100 Sixth Ave South
22 Suite, Apt # etc: Suite 229	27 Suite, Apt # etc: Suite 229
23 City & State: Naples FL 33940	28 City & State: Naples FL 33940
24 Zip: 33940 / 25 County: Collier	29 Zip: 33940 / 30 County: Collier

9. Name and Address of Current Registered Agent

YOUNG, JAMES B
300 5TH AVE SOUTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 1100 Sixth Avenue South, Suite 229
84 City: Naples FL 85 Zip Code: 33940

11. Pursuant to the provisions of ... 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 ... I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D President
NAME	YOUNG, JAMES B
STREET ADDRESS	~~300 5TH AVE SOUTH~~ 1100 6th Ave South
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Change / Addition)

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: [signature] James B Young 4/30/95 813-262-4068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E070