

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000090722

Entity Name: ALLIQUA, INC.

**Current Principal Place of Business:**

2150 CABOT BLVD WEST  
SUITE B  
LANGHORNE, PA 19047

**FILED**  
**Apr 04, 2014**  
**Secretary of State**  
**CC1201695671**

**Current Mailing Address:**

2150 CABOT BLVD WEST  
SUITE B  
LANGHORNE, PA 19047 US

**FEI Number: 58-2349413**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title CFO  
Name POSNER, BRIAN CMR  
Address 2150 CABOT BLVD WEST  
SUITE B  
City-State-Zip: LANGHORNE PA 19047

Title DIRECTOR  
Name STEFANSKY, DAVID MR  
Address 2150 CABOT BLVD WEST  
SUITE B  
City-State-Zip: LANGHORNE PA 19047

Title DIRECTOR  
Name LEONE, JOSEPH MR  
Address 2150 CABOT BLVD WEST  
SUITE B  
City-State-Zip: LANGHORNE PA 19047

Title DIRECTOR  
Name PEARSON, KENNETH MR  
Address 2150 CABOT BLVD WEST  
SUITE B  
City-State-Zip: LANGHORNE PA 19047

Title CEO, DIRECTOR  
Name JOHNSON, DAVID I  
Address 2150 CABOT BLVD WEST  
SUITE B  
City-State-Zip: LANGHORNE PA 19047

Title CHAIRMAN  
Name ZELDIS, JEROME DR.  
Address 2150 CABOT BLVD WEST  
SUITE B  
City-State-Zip: LANGHORNE PA 19047

Title DIRECTOR  
Name SKLAR, JEFFREY  
Address 2150 CABOT BLVD WEST  
SUITE B  
City-State-Zip: LANGHORNE PA 19047

Title DIRECTOR  
Name KARSEN, PERRY  
Address 2150 CABOT BLVD WEST  
SUITE B  
City-State-Zip: LANGHORNE PA 19047

*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: BRIAN POSNER**

**CFO**

**04/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date