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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.				
SIGNATURE: ALLEN JAY COHEN	BUSINESS MANAGER	01/08/2014		

Electronic Signature of Signing Authorized Person(s) Detail

### DOCUMENT# L10000031427

### Entity Name: ALA-SEPTIC PHARMACEUTICAL RESEARCH, LLC

### **Current Principal Place of Business:**

4626 MIRABELLA COURT ST. PETE BEACH, FL 33706

### **Current Mailing Address:**

4626 MIRABELLA COURT ST. PETE BEACH. FL 33706

# FEI Number: 30-0621963

# Name and Address of Current Registered Agent:

COHEN, ALLEN J 4626 MIRABELLA COURT ST. PETE BEACH, FL 33706 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

## Authorized Person(s) Detail :

Title	MGR	Title	ASST
Name	COHEN, ALLEN J	Name	COHEN, VIKTORIYA P
Address	4626 MIRABELLA COURT	Address	4626 MIRABELLA COURT
City-State-Zip:	ST. PETE BEACH FL 33706	City-State-Zip:	ST PETE BEACH FL 33706

Certificate of Status Desired: Yes

FILED Jan 08, 2014 Secretary of State CC3989673482

Date

Date