2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 23, 2015
Secretary of State
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Entity Name: STRATFORD PHARMACEUTICALS, LLC

Current Principal Place of Business:

630 BROOKER CREEK BLVD., STE. 340
OLDSMAR, FL 34677

Current Mailing Address:

630 BROOKER CREEK BLVD., STE. 340
OLDSMAR, FL 34677

FEI Number: 45-3561182

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVELLINI, PETER A
911 CHESTNUT STREET
CLEARWATER, FL 33756 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

Authorized Person(s) Detail :

Title	DIRECTOR	Title	MGR
Name	WATTERS, STEPHEN	Name	NUGENT, BRIAN T
Address	630 BROOKER CREEK BLVD., STE. 340	Address	630 BROOKER CREEK BLVD, SUITE 340
City-State-Zip:	OLDSMAR FL 34677	City-State-Zip:	OLDSMAR FL 34677

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: STEPHEN WATTERS DIRECTOR 09/23/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date