2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2016
Secretary of State
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Entity Name: CLOVERLEAF PHARMA, LLC

Current Principal Place of Business:

205 E. INTENDENCIA ST
PENSACOLA, FL 32502

Current Mailing Address:

205 E. INTENDENCIA ST
PENSACOLA, FL 32502 US

FEI Number: 47-3887943

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIATOR, STUART
3380 INDIAN HILLS DR
PACE, FL 32571 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	MGR
Name	VIATOR, STUART
Address	3380 INDIAN HILLS DR
City-State-Zip:	PACE FL 32571

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: STUART VIATOR MGR 03/07/2016

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