

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002593

**Entity Name:** PHARMALINK PHARMACEUTICAL, LLC

**Current Principal Place of Business:**

3050 SOUTH MILL AVE  
SUITE 17  
TEMPE, AZ 85282

**Current Mailing Address:**

3050 SOUTH MILL AVE  
SUITE 17  
TEMPE, AZ 85282

**FEI Number:** 32-0208643

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CZOCHARA, BRIAN  
Address 3050 SOUTH MILL AVE SUITE 17  
City-State-Zip: TEMPE AZ 85282

*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:** BRIAN CZOCHARA

**OWNER**

**01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date