

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V56826

Entity Name: BRECKENRIDGE PHARMACEUTICAL, INC.**Current Principal Place of Business:**6111 BROKEN SOUND PARKWAY, NW
SUITE 170
BOCA RATON, FL 33487**Current Mailing Address:**6111 BROKEN SOUND PARKWAY, NW
SUITE 170
BOCA RATON, FL 33487 US**FEI Number:** 65-0352825**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAPILA, LARRY J
6111 BROKEN SOUND PARKWAY, NW
SUITE 170
BOCA RATON, FL 33487 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:** LARRY J LAPILA

02/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHMN
Name	ESTEVE, ALBERT
Address	AVDA. MARE DE DEU DE MONTSERRAT, 221
City-State-Zip:	BARCELONA SP 08041
Title	VP
Name	ESTEVE, JORDI
Address	AVDA, MARE DE DEU DE MONTSERRAT, 221
City-State-Zip:	BARCELONA SP 08041
Title	SECR
Name	FAUS, JORDI
Address	RAMBLA CATALUNYA, 127
City-State-Zip:	BARCELONA SP 08008

Title	PRES
Name	RUNSDORF, LAURENCE D
Address	1141 S. ROGERS CIRCLE, SUITE 3
City-State-Zip:	BOCA RATON FL 33487
Title	VP
Name	NAVARRO, FRANCESC
Address	RAMBLA CATALUNYA, 123 ATIC 1A
City-State-Zip:	BARCELONA SP 08008
Title	MEMBER
Name	LAPILA, LARRY
Address	1141 S ROGERS CIRCLE SUITE 3
City-State-Zip:	BOCA RATON FL 33487

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: LARRY LAPILA

PRESIDENT

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date