

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V57953

**FILED**  
**Feb 27, 2013**  
**Secretary of State**  
**CC9471294064**

**Entity Name:** NEPHRON PHARMACEUTICALS CORPORATION

**Current Principal Place of Business:**

4121 SW 34TH STREET  
ORLANDO, FL 32811

**Current Mailing Address:**

3855 ST VALENTINE WAY  
ORLANDO, FL 32811 US

**FEI Number:** 93-1065757

**Certificate of Status Desired:** Yes

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

KENNEDY, WILLIAM PD  
4121 34TH STREET  
ORLANDO, FL 32811 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

**Officer/Director Detail :**

Title PD  
Name KENNEDY, LOU WCEO  
Address 4121 34TH STREET  
City-State-Zip: ORLANDO FL 32811

Title VD  
Name WHITNER, ASHLEY  
Address 4121 SW 34TH STREET  
City-State-Zip: ORLANDO FL 32811

Title VD  
Name MCGOWAN, COURTNEY  
Address 4121 SW 34TH STREET  
City-State-Zip: ORLANDO FL 32811

Title STD  
Name LEE, BARBARA J  
Address 4121 S W 34TH STREET  
City-State-Zip: ORLANDO FL 32811

Title D  
Name KENNEDY, WILLIAM P  
Address 4121 SW 34TH STREET  
City-State-Zip: ORLANDO FL 32811

Title D  
Name KENNEDY, WILLIAM P  
Address 4121 SW 34TH STREET  
City-State-Zip: ORLANDO FL 32811

*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:** BARBARA J LEE

**SECRETARY/TREASURER 02/27/2013**  
**/DIRECTOR**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date