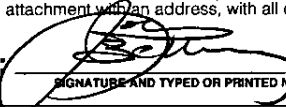


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90498 001 ***150.00

DOCUMENT # 259379 1. Entity Name JMI-DANIELS PHARMACEUTICALS, INC.					
Principal Place of Business 2517 25TH AVE NORTH ST PETERSBURG, FL 33713 US			Mailing Address 501 FIFTH STREET ATTN: P. POPE BRISTOL, TN 37620 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0979811	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACIONE, KYLE P ☐ Delete 142 E. MAIN STREET ABINGDON, VA 24210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ☐ Delete GREGORY, JEFFERSON J 221 MEMORY LANE BRISTOL, TN 37620		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/Chairman of Board ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Delete BELLAMY, JOHN A 1237 WATAUGA ST KINGSPORT, TN 37660		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT ☐ Delete LATTANZI, JAMES R 207 WILLOW RIDGE ROAD JOHNSON CITY, IN		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/T/Director ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			John A. A. Bellamy March 29, 2003 (423) 989-8709		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		