2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000012998

Entity Name: PHARMA RESEARCH CONSULTANTS, INC.

FILED Oct 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3352 NW WILLOW CREEK DR 4619 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957

Current Mailing Address: New Mailing Address:

3352 NW WILLOW CREEK DR 4619 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957

FEI Number: 01-0612534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ANDERSON, TIMOTHY K ESQ ANDERSON, TIMOTHY K ESQ 675 W. INDIÁNTOWN RD., STE. 103 480 MAPLEWOOD DRIVE SUITE 5 JUPITER, FL 33458 JUPITER, FL 33458

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: TIMOTHY K ANDERSON 10/19/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete ANDERSON, EKATERINA Name: 11438 150TH CT. N. Address: City-St-Zip: JUPITER, FL 33478

Title: () Delete Name: EKATERINA, ANDERSON 3352 NW WILLOW CREEK DR Address: JENSEN BEACH, FL 34957 City-St-Zip:

Title: () Delete ANDERSON, RICHARD K Name: 3352 NW WILLOW CREEK DR Address: City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition ANDERSON, EKATERINA Name: 4619 NW ROYAL OAK DRIVE Address: City-St-Zip: JENSEN BEACH, FL 34957

Title: (X) Change () Addition Name: EKATERINA, ANDERSON 4619 NW ROYAL OAK DRIVE Address: JENSEN BEACH, FL 34957 City-St-Zip:

Title: (X) Change () Addition VS ANDERSON, RICHARD K Name: 4619 NW ROYAL OAK DRIVE Address: City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EKATERINA ANDERSON D 10/19/2004