

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91235 032 ***150.00

DOCUMENT # P03000076792

1. Entity Name

PHARM.D.CONSULT, INC.



Principal Place of Business

6444 COLLINS AVENUE
#503
MIAMI BEACH FL 33141

Mailing Address

6444 COLLINS AVENUE
#503
MIAMI BEACH FL 33141

2. Principal Place of Business

8917 NW 176 LN

3. Mailing Address

8917 NW 176 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

20-0093876

Applied For

Not Applicable

Zip

33018

Country

DADE

Zip

33018

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, LIPTON E

7080 NOVA DRIVE #202

DAVE FL 33317

Name

GONZALEZ, LIPTON E

Street Address (P.O. Box Number is Not Acceptable)

8917 NW 176 LN

City

MIAMI

FL

Zip Code

33018

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME GONZALEZ, LIPTON E
STREET ADDRESS 7080 NOVA DRIVE #202
CITY-ST-ZIP DAVE FL 33317

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8917 NW 176 LN
CITY-ST-ZIP MIAMI, FL 33018

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lipton E. Gonzalez

Date

4/28/04

Daytime Phone #

(305) 726-5626