

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001452

FILED
Mar 26, 2004
Secretary of State

Entity Name: MEDIX PHARMACEUTICALS AMERICAS, INC.

Current Principal Place of Business:

12505 STARKEY ROAD, SUITE M
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

12505 STARKEY ROAD, SUITE M
LARGO, FL 33773

New Mailing Address:

FEI Number: 52-1924953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 15
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: KOST, TIM
Address: 12505 STARKEY ROAD, SUITE M
City-St-Zip: LARGO, FL 33773

Title: PCD () Delete
Name: WENMAEKERS, EDMOND
Address: 18, RUE SAINT-MATHIEU
City-St-Zip: 78550 HOUDAN FRANCE,

Title: D () Delete
Name: DREZE, FRANK
Address: 18, RUE SAINT-MATHIEU
City-St-Zip: 78550 HOUDAN FRANCE,

Title: D () Delete
Name: CASSAM-CHENAI, ALAIN
Address: 18, RUE SAINT-MATHIEU
City-St-Zip: 78550 HOUDAN FRANCE,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY KOST

VTD

03/26/2004

Electronic Signature of Signing Officer or Director

Date