

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005562

1. Entity Name
VISTAPHARM, INC.



Principal Place of Business
**2224 CAHABA VALLEY DR.
STE B3
BIRMINGHAM, AL 35242**

Mailing Address
**130 INVERNESS PLAZA, #122
BIRMINGHAM, AL 35242**



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1195016

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, JOHN
7265 ULMERTON RD
LARGO, FL 33771**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000269660
03/19/05-80020-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCEO
THRUSH, ROY M
130 INVERNESS PLAZA, #122
BIRMINGHAM, AL 35242**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
RICE, ROBERT J
130 INVERNESS PLAZA, #122
BIRMINGHAM, AL 35242**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFO
FREEMAN, JOHN D
130 INVERNESS PLAZA, #122
BIRMINGHAM, AL 35242**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CARILLO, FRANK J
570 GRAND AVE
ENGLEWOOD, NJ 07631**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FISHMAN, MORRIS
2725 VIA CAPRINANI
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JONES, J. WILLIAM
710 WHETSTONE ST
MONROEVILLE, AL 36460**

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Freeman, CEO

2/18/05 205-951-1387

DATE

Daytime Phone #