## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000005700

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PELHAM MANOR, NY 10803

15 ORCHARD BEACH BLVD.

BIGL, JAMES J

() Delete

PORT WASHINGTON, NY 11050

FILED Mar 04, 2004 Secretary of State

**Entity Name:** NMHCRX MAIL ORDER, INC. **Current Principal Place of Business: New Principal Place of Business:** 9994 PREMIERE PARKWAY MIRAMAR, FL 33025 **Current Mailing Address: New Mailing Address:** 26 HARBOR PARK DR. PORT WASHINGTON, NY 11050 FEI Number: 11-3647935 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: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition MANSFIELD, GARY FLANICK, JAMES Name: Name: 3000 ISLAND BLVD., #1204 9994 PREMIERE PKWY Address: Address: City-St-Zip: AVENTURA, FL 33160 City-St-Zip: MIRAMAR, FL 33025 Title: Title: TD () Delete TD (X) Change ( ) Addition GERSHEN, DAVID GERSHEN, DAVID Name: Name: 2 PAL COURT 26 HARBOR PARK DRIVE Address: Address: PORT WASHINGTON, NY 11050 PORT WASHINGTON, NY 11050 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition FRIEDMAN, JONATHAN FRIEDMAN, JONATHAN Name: Name: 1084 WASHINGTON AVENUE 26 HARBOR PARK DRIVE Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PORT WASHINGTON, NY 11050

PORT WASHINGTON, NY 11050

26 HARBOR PARK DRIVE

BIGL, JAMES

(X) Change ( ) Addition

SIGNATURE: JONATHAN FRIEDMAN SECY 03/04/2004