


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000001743 1. Entity Name VERSAPHARM INCORPORATED	
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Principal Place of Business 1775 WEST OAK PKWY 800 MARIETTA, GA 30062 US	Mailing Address P.O. BOX 7509 MARIETTA, GA 30065-1509
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04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2146739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WARE, R. JOE 1775 WEST OAK PKWY STE. 800 MARIETTA, GA 30067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BROWN, GERALD B 1775 WEST OAK PKWY STE. 800 MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MERIDETH, CARL A 1775 WEST OAK PKWY STE. 800 MARIETTA, GA 30062
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 -05/03/04-80204-016 150.00

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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: <u>Gerald B. Brown</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Gerald B. Brown	04/26/04 Date	770-499-8100 Daytime Phone #
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