


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90057 026 \*\*\*150.00

DOCUMENT # F97000003049 1. Entity Name INMED CORPORATION	
----------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 2450 MEADOWBROOK PARKWAY DULUTH, GA 30096 US	Mailing Address 2450 MEADOWBROOK PARKWAY DULUTH, GA 30096 US
--------------------------------------------------------------------------------	--------------------------------------------------------------------

**50014525**



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-2779077	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 32301-2525	<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
NAME TITLE HOME ADDRESS CITY STATE ZIP	SV CHANCE, STEVEN K 630 W GERMANTOWN PIKE PLYMOUTH MEETING, PA 19462
NAME TITLE HOME ADDRESS CITY STATE ZIP	TV BYRNE, THOMAS M 155 S LIMERICK RD. LIMERICK, PA 19468
NAME TITLE HOME ADDRESS CITY STATE ZIP	AS FRAGAKIS, ARTHUR 2450 MEADOWBROOK PKWY. DULUTH, GA 30096
NAME TITLE HOME ADDRESS CITY STATE ZIP	
NAME TITLE HOME ADDRESS CITY STATE ZIP	
NAME TITLE HOME ADDRESS CITY STATE ZIP	

**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: *Cindy Austen* Controller 1-27-05 678-8964023  
CINDY AUSTEN