

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001939

FILED
May 02, 2004
Secretary of State

Entity Name: PHARMA DELIVERY SYSTEMS, LLC

Current Principal Place of Business:

1143 MALLARD MARSH DRIVE
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

1143 MALLARD MARSH DRIVE
OSPREY, FL 34229

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CLARK, JAMES L III
1143 MALLARD MARSH DRIVE
OSPREY, FL 34229

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

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: CLARK, JAMES L III
Address: 1143 MALLARD MARSH DR
City-St-Zip: OSPREY, FL 34229

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES L CLARK III MGR 05/02/2004

_____ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date