2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P00000027167

Entity Name: SFBC NEW DRUG SERVICES, INC.

Current Principal Place of Business:

11190 BISCAYNE BOULEVARD
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

11190 BISCAYNE BOULEVARD
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-0994813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, MICHAEL D
1555 PALM BEACH LAKES BLVD
SUITE 310
WEST PALM BEACH, FL 33401 US

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	HOLMES, GREGORY B	
Address:	11190 BISCAYNE BOULEVARD	
City-St-Zip:	NORTH MIAMI, FL 33181	
Title:	PD	( ) Delete
Name:	ADAMS, MICHAEL	
Address:	415 MCFARLAN RD #201	
City-St-Zip:	KENNETT SQ, PA 19348	
Title:	TS	( ) Delete
Name:	NATAN, DAVID	
Address:	11190 BISCAYNE BOULEVARD	
City-St-Zip:	NORTH MIAMI, FL 33181	
Title:	V	( ) Delete
Name:	CARR, RAYMOND	
Address:	11190 BISCAYNE BOULEVARD	
City-St-Zip:	NORTH MIAMI, FL 33181	
Title:	D	( ) Delete
Name:	KRINSKY, LISA M.D.	
Address:	11190 BISCAYNE BOULEVARD	
City-St-Zip:	NORTH MIAMI, FL 33181	
Title:	D	( ) Delete
Name:	HANTMAN, ARNOLD	
Address:	11190 BISCAYNE BOULEVARD	
City-St-Zip:	NORTH MIAMI, FL 33181	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: DAVID NATAN TS 04/29/2005

Electronic Signature of Signing Officer or Director — Date