

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000027167

FILED  
May 01, 2006  
Secretary of State

Entity Name: SFBC NEW DRUG SERVICES, INC.

## Current Principal Place of Business:

11190 BISCAYNE BOULEVARD  
NORTH MIAMI, FL 33181

## New Principal Place of Business:

11190 BISCAYNE BOULEVARD  
MIAMI, FL 33181

## Current Mailing Address:

11190 BISCAYNE BOULEVARD  
NORTH MIAMI, FL 33181

## New Mailing Address:

11190 BISCAYNE BOULEVARD  
MIAMI, FL 33181

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 (X) Delete  
Name: CARR, RAYMOND  
Address: 11190 BISCAYNE BOULEVARD  
City-St-Zip: NORTH MIAMI, FL 33181

Title: D (X) Delete  
Name: KRINSKY, LISA M.D.  
Address: 11190 BISCAYNE BOULEVARD  
City-St-Zip: NORTH MIAMI, FL 33181

Title: D (X) 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 Chapter 119, 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

05/01/2006

Electronic Signature of Signing Officer or Director

Date