2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004
Secretary of State

DOCUMENT# P00000079298

Entity Name: AXIUM HEALTHCARE WHOLESALE DRUGS AND MEDICAL, INC.

Current Principal Place of Business:

285 W CENTRAL PKWY
SUITE 1720
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

285 W CENTRAL PKWY
SUITE 1720
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3684167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUMMERVILLE, JAMES PETE
285 W CENTRAL PKWY
SUITE 1720
ALTAMONTE SPRINGS, FL 32714

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: D ( ) Delete
Name: SUMMERVILLE, JAMES PETE
Address: 3002 ASH PARK POINT
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAMES PETER SUMMERVILLE DR. 04/01/2004

Electronic Signature of Signing Officer or Director — Date