2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90023 046 ***558.75

54061506

07012004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000000981

1. Entity Name
GENOMED, INC.

Principal Place of Business	Mailing Address
909 S. TAYLOR AVE. SUITE 314 SAINT LOUIS, MO 63110	909 S. TAYLOR AVE. SUITE 314 SAINT LOUIS, MO 63110

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 43-1916702 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMILTON, BRENDA L ESQ 555 SOUTH FEDERAL HIGHWAY 270 BOCA RATON, FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD MOSKOWITZ, DAVID W 909 S. TAYLOR AVE. STE. 314 SAINT LOUIS, MO 63110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT - CEO MOSKOWITZ DAVID W 909 So. TAYLOR St. LOUIS MO 63110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, PETER C 909 S. TAYLOR AE, STE 314 SAINT LOUIS, MO 63110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIEF FINANCIAL OFFICER ROBYN L. OWENS 909 So. TAYLOR St. LOUIS MO 63110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KRANITZ, RICHARD A 909 S. TAYLOR AVE, STE 314 SAINT LOUIS, MO 63110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIEF SCIENTIFIC OFFICER PAULA M. HEMPEN 909 So. TAYLOR St. LOUIS MO 63110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITE, JERRY E 4560 CLAYTON AVE SAINT LOUIS, MO 63110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIEF TECHNICAL OFFICER ANDREW R. O'GUEN 909 So. TAYLOR St. LOUIS MO 63110	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Robyn L. Owens 7-8-04 314-652-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #