

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110049

Entity Name: PHARMACEUTICAL MED, INC.

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

20020 VETERANS BOULEVARD
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

20020 VETERANS BOULEVARD UNIT 17
PORT CHARLOTTE, FL 33954

Current Mailing Address:

20020 VETERANS BOULEVARD
PORT CHARLOTTE, FL 33954

New Mailing Address:

20020 VETERANS BOULEVARD UNIT 17
PORT CHARLOTTE, FL 33954

FEI Number: 83-0395548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATHENS, JANELL MATISSE
3448 DEPEW AVENUE
PORT CHARLOTTE, FL 33952 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: P () Delete
Name: LATHERS, JULITA
Address: 4300 POINT COURT
City-St-Zip: PORT CHARLOTTE, FL 33948

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: JULITA E LATHERS

PRES

04/19/2005

Electronic Signature of Signing Officer or Director

Date