## 2004 FOR PROFIT CORPORATION

## Apr 16, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000023291** 1. Entity Name SIGNATURE PHARMACY, INC. Principal Place of Business Mailing Address 1214 KUHL AVENUE 1214 KUHL AVENUE ORLANDO, FL 32806 ORLANDO, FL 32806 No Chg-P CR2E034 (10/03) 02042004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3611848 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent LOOMIS, NAOMI L DO NOT WRITE 9640 WEATHERSTONE COURT WINDERMERE, FL 34786 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) U00000115453 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/16/04-80024-024 150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME LOOMIS, NAOMI L 9640 WEATHERSTONE COURT STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE COY-ST-78 IN THIS SPACE TIBE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I lurther certify that the information indicated on this report or supplemental report is frue and accurate end that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of trustee employered 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 attachnerit with an address with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

**FILED**