2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# P02000085011

Entity Name: PHARMACEUTICAL MANAGEMENT RESOURCES, INC.

Current Principal Place of Business:

214 AVANT ST
SARASOTA, FL 34240

New Principal Place of Business:

214 AVANT ST
SARASOTA, FL 34232

Current Mailing Address:

2979 BRAVURA LAKE DR
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 41-2052442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDMAN, ALLEN L
2979 BRAVURA LAKE DR
SARASOTA, FL 34240 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: GOLDMAN, ALLEN L
Address: 2979 BRAVURA LAKE DR
City-St-Zip: SARASOTA, FL 34240

Title: EVP ( ) Delete
Name: GOLDMAN, BARBARA
Address: 214 AVANT ST
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change ( ) Addition
Name: GOLDMAN, BARBARA
Address: 2979 BRAVURA LAKE DR
City-St-Zip: SARASOTA, FL 34240

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: ALLEN GOLDMAN P 01/05/2007

Electronic Signature of Signing Officer or Director — Date