

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000108407

FILED  
May 01, 2004  
Secretary of State

Entity Name: HUNGERFORD MEDICAL, INC.

**Current Principal Place of Business:**

2323 NE 26 AVE.  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

7797 N UNIVERSITY DR  
101  
TAMARAC, FL 33321

**Current Mailing Address:**

8860 NW 78 COURT #368  
TAMARAC, FL 33321

**New Mailing Address:**

FEI Number: 52-2385799      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUNGERFORD, IQLIA  
8860 NW 78 COURT #368  
TAMARAC, FL 33321

**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: HUNGERFORD, IQLIA  
Address: 8860 NW 78 CRT. #368  
City-St-Zip: TAMARAC, FL 33321

**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: IQLIA HUNGERFORD

P

05/01/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date