



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90162 036 ***150.00

DOCUMENT # P02000122672 1. Entity Name PHARMACEUTICAL PARTNERS, INC.					
Principal Place of Business 1463 OAKFIELD DR STE 139 BRANDON FL 33511				Mailing Address 1463 OAKFIELD DR STE 139 BRANDON FL 33511	
2. Principal Place of Business 1407 OAKFIELD DR.		3. Mailing Address 1407 OAKFIELD DR.		 MOORE CR2E034 (11/03)	
Suite, Apt. #, etc. 02		Suite, Apt. #, etc.			
City & State BRANDON FL		City & State BRANDON FL			
Zip 33511		Zip 33511			
Country U.S.A.		Country U.S.A.		4. FEI Number 41-2069354	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CREED, RICHARD T 1463 OAKFIELD DR STE 139 BRANDON FL 33511				7. Name and Address of New Registered Agent Name TOWNSEND & BRANNON Street Address (P.O. Box Number is Not Acceptable) 608 W. HORATIO STREET City TAMPA FL Zip Code 33606	
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 <u><i>David A. Haumenel</i></u> 5/3/04 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D CREED, SHAWN K 1912 ELK SPRING DRTE 139 BRANDON FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARILY S. OSHEA 1407 OAKFIELD DR. BRANDON, FL. 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREED, RICHARD T 1912 ELK SPRING DRTE 139 BRANDON FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Marilyn S. Oshea</i></u> 4/28/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					