2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 08, 2005
Secretary of State

DOCUMENT# P03000027935

Entity Name: IMPRIMIS HEALTHCARE INC.

Current Principal Place of Business:

301 NW 84TH AVE
PLANTATION, FL 33324

New Principal Place of Business:

1911 N PINE ISLAND ROAD
SUNRISE, FL 33322

Current Mailing Address:

301 NW 84TH AVE
PLANTATION, FL 33324

New Mailing Address:

1911 N PINE ISLAND ROAD
SUNRISE, FL 33322

FEI Number: 41-2083492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLOUGHBY, JACKIE
13375 SW 39 STREET
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

WILLOUGHBY, JACKIE
1911 N PINE ISLAND ROAD
SUNRISE, FL 33322 US

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: _____ 06/08/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KOBETZ, LORI
Address: 301 NW 84TH AVE
City-St-Zip: PLANTATION, FL 33324

Title: VD ( ) Delete
Name: WILLOUGHBY, JACUELINE
Address: 13375 SW 39 STREET
City-St-Zip: DAVIE, FL 33330

Title: STD (X) Delete
Name: WILLOUGHBY, ROY E
Address: 13375 SW 39 STREET
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: WILLOUGHBY, ROY
Address: 1911 N PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33322

Title: VD (X) Change ( ) Addition
Name: WILLOUGHBY, JACQUELINE
Address: 1911 N PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33322

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: ROY WILLOUGHBY P 06/08/2005
Electronic Signature of Signing Officer or Director — Date