2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# P03000044270

Entity Name: PROFESSIONAL DRUG RESEARCH, INC.

Current Principal Place of Business:

150 SW 12 AVE STE 480
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

150 SW 12 AVE STE 480
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINDE, JEFFREY H ESQ.
4613 N UNIVERSITY DR #242
CORAL SPRINGS, FL 33067

Name and Address of New Registered Agent:

TRAUB, GARY S
150 S.W. 12 TH AVENUE SUITE 480
POMPANO BEACH, FL 33069

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: GARY S. TRAUB 07/02/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TRAUB, GARY PH.D.
Address: 150 SW 12 AVE STE 480
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: TUCKER, KENNETH S
Address: 150 SW 12 AVE STE 480
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GARY S. TRAUB DR 07/02/2004
Electronic Signature of Signing Officer or Director Date