

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052699

FILED
Feb 01, 2004
Secretary of State

Entity Name: PRIMUS MEDICAL RESEARCH, INC.

Current Principal Place of Business:

6303 SHADOW TREE LANE
LAKE WORTH, FL 334638244

New Principal Place of Business:

2857 ROYAL ISLE DR
TALLAHASSEE, FL 32312 US

Current Mailing Address:

6303 SHADOW TREE LANE
LAKE WORTH, FL 334638244

New Mailing Address:

2857 ROYAL ISLE DR
TALLAHASSEE, FL 32312 US

FEI Number: 68-0552796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRODSKY, MARC D M.D.
6303 SHADOW TREE LANE
LAKE WORTH, FL 334638244

Name and Address of New Registered Agent:

WATSON, DEAN D M.D.
2857 ROYAL ISLE DR
TALLAHASSEE, FL 32312

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: DEAN WATSON

02/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATSON, DEAN M.D.
Address: 6303 SHADOW TREE LANE
City-St-Zip: LAKE WORTH, FL 334638244

Title: D () Delete
Name: BRODSKY, MARC C M.D.
Address: 6303 SHADOW TREE LANE
City-St-Zip: LAKE WORTH, FL 334638244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WATSON, DEAN M.D.
Address: 2857 ROYAL ISLE DR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP (X) Change () Addition
Name: BRODSKY, MARC C M.D.
Address: 1381 BEACON CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

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: DEAN WATSON

PRES

02/01/2004

Electronic Signature of Signing Officer or Director

Date