2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# P03000127483

Entity Name: ATTORNEYS FOR RESPONSIBLE MEDICINE, INC.

Current Principal Place of Business:

200 E GRANADA BLVD, STE 207
ORMOND BEACH, FL 32176

New Principal Place of Business:

200 E GRANADA BLVD, STE 206
ORMOND BEACH, FL 32176

Current Mailing Address:

P O BOX 337
ORMOND BEACH, 32 321750337

New Mailing Address:

FEI Number: 54-2131695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OGLE, WILLIAM H ESQ
LAW OFFICES OF MAYFIELD & OGLE, P.A.
200 E GRANADA BLVD, STE 206
ORMOND BEACH, FL 32176 US

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: D ( ) Delete
Name: OGLE, WILLIAM H
Address: P O BOX 337
City-St-Zip: ORMOND BEACH, FL 32175

Title: D ( ) Delete
Name: MAYFIELD, W. GLENN
Address: P O BOX 337
City-St-Zip: ORMOND BEACH, FL 32175

Title: D ( ) Delete
Name: LEVY, DAVID
Address: 1570 AMITY RD
City-St-Zip: RYDAL, PA 19046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WILLIAM H. OGLE D 01/13/2004

Electronic Signature of Signing Officer or Director — Date