

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127483

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: ATTORNEYS FOR RESPONSIBLE MEDICINE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## 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

OFFI

04/22/2005

Electronic Signature of Signing Officer or Director

Date