


FILED
Mar 22, 2005 8:00 am
Secretary of State

02-23-2005 90084 018 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000085230 1. Entity Name CPHARMAX, INC.					
Principal Place of Business 1745 E. HWY. 50, SUITE C CLERMONT, FL 34711		Mailing Address 1745 E. HWY. 50, SUITE C CLERMONT, FL 34711			
2. Principal Place of Business		3. Mailing Address			
Suits, Apt. #, etc.		Suits, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent WALKER, GARY 100 S. ASHLEY DR., SUITE 1500 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>[Signature]</i></u> , <u>Hanxian Huang, MD, President</u> DATE: <u>3/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUANG, HANXIAN		NAME		
STREET ADDRESS	1745 E. HWY. 50, SUITE C		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		<u>Hanxian Huang, MD</u> , <u>3/15/05</u> <u>352-242-2282</u> <small>Date Daytime Phone #</small>	

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02082005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1248655** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Hanxian Huang, MD, 3/15/05 352-242-2282
Date Daytime Phone #