## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000152417

Entity Name: PALM BEACH PHARMACEUTICALS, INC.

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
8409 NORTH MILITARY TRAIL SUTIE 125 PALM BEACH GARDENS, FL				
Current Mailing Address:		New Mailing Address:		
8409 NORTH MILITARY TRAIL SUTIE 125 PALM BEACH GARDENS, FL		307 TEQUESTA DRIVE TEQUESTA, FL 33469	US	
FEI Number: 20-4406743 FEI	Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
OWEN JR, JACK B PA 4500 PGA BLVD SUITE 304B PALM BEACH GARDENS, FL	33418 US			
The above named entity submiring the State of Florida.	ts this statement for the pu	rpose of changing its registered of	fice or registered agent, or both,	

Title:

Name:

Election Campaign Financing Trust Fund Contribution ( ).

STEPHANOS, GLENN

() Delete

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

SIGNATURE:

Title:

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

STEPHANOS, DIANE

(X) Change ( ) Addition

Date

8409 NORTH MILITARY TRAIL #125 8409 NORTH MILITARY TRAIL #125 Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 US City-St-Zip: PALM BEACH GARDENS, FL 33410 US Title: () Delete Title: (X) Change ( ) Addition STEPHANOS, DIANE STEPHANOS, GLENN Name: Name: Address: Address: 8409 NORTH MILITARY TRAIL #125 8409 NORTH MILITARY TRAIL #125 PALM BEACH GARDENS, FL 33410 US PALM BEACH GARDENS, FL 33410 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DIANE STEPHANOS P 03/26/2009