

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081546

Entity Name: INVAMED PHARMA, INC.

FILED
Jun 30, 2006
Secretary of State

Current Principal Place of Business:

2501 E. COMMERCIAL BLVD.
STE 212
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

401 OMNI DR.
HILLSBOROUGH, NJ 08844

Current Mailing Address:

2501 E. COMMERCIAL BLVD.
STE 212
FORT LAUDERDALE, FL 33308

New Mailing Address:

401 OMNI DR.
HILLSBOROUGH, NJ 08844

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERSON, THOMAS F
2501 E COMMERCIAL BLVD
STE 212
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

PIERSON, THOMAS F
8050 N UNIVERSITY DRIVE
STE 202
TAMARAC, FL 33321 US

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:

06/30/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: IQBAL, KHURSHID
Address: 2501 E. COMMERCIAL BLVD. STE 212
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SEC () Delete
Name: IQBAL, KHURSHID
Address: 2501 E. COMMERCIAL BLVD. STE 212
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DIR () Delete
Name: IQBAL, KHURSHID
Address: 2501 E. COMMERCIAL BLVD. STE 212
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BOCHENEK, WIESLAW J MD
Address: 401 OMNI DR.
City-St-Zip: HILLSBOROUGH, NJ 08844

Title: DIR (X) Change () Addition
Name: BOCHENEK, WIESLAW J MD
Address: 401 OMNI DR.
City-St-Zip: HILLSBOROUGH, NJ 08844

Title: DIR (X) Change () Addition
Name: VAL, HENRY
Address: 401 OMNI DR.
City-St-Zip: HILLSBOROUGH, NJ 08844

I hereby certify that the information supplied with this filing does not qualify for the 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: HENRY VAL

DIR

06/30/2006

Electronic Signature of Signing Officer or Director

Date