

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058567

FILED
Apr 03, 2007
Secretary of State

Entity Name: PHARMPRO MEDICAL CONSULTANTS, INC.

Current Principal Place of Business:

5521 NW 90 AVENUE
SUNRISE, FL 33351

New Principal Place of Business:

4809 SW 120 AVENUE
COOPER CITY, FL 33330

Current Mailing Address:

5521 NW 90 AVENUE
SUNRISE, FL 33351

New Mailing Address:

4809 SW 120 AVENUE
COOPER CITY, FL 33330

FEI Number: 56-2593083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROSTKO, CHRISTOPHER
5521 NW 90 AVENUE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

PROSTKO, CHRISTOPHER R DR.
4809 SW 120 AVENUE
COOPER CITY, FL 33330 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: CHRISTOPHER R. PROSTKO

04/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: PROSTKO, CHRISTOPHER
Address: 5521 NW 90 AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: PSTD () Delete
Name: HESS, STEPHANIE P
Address: 5521 NW 90 AVENUE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PROSTKO, CHRISTOPHER
Address: 4809 SW 120 AVENUE
City-St-Zip: COOPER CITY, FL 33330

Title: VS (X) Change () Addition
Name: HESS, STEPHANIE P
Address: 4809 SW 120 AVENUE
City-St-Zip: COOPER CITY, FL 33330

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: CHRISTOPHER. R. PROSTKO

DR.

04/03/2007

Electronic Signature of Signing Officer or Director

Date