

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146699

Entity Name: PHARMADVICE, INC

FILED  
Jun 29, 2008  
Secretary of State

**Current Principal Place of Business:**

3136 ATWATER DRIVE  
ORLANDO, FL 32825

**New Principal Place of Business:**

14367 ROCKLEDGE GROVE COURT  
ORLANDO, FL 32828 US

**Current Mailing Address:**

3136 ATWATER DRIVE  
ORLANDO, FL 32825

**New Mailing Address:**

14367 ROCKLEDGE GROVE COURT  
ORLANDO, FL 32828 US

FEI Number: 20-5931426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS ENTERPRISES GROUP, LLC  
5031 SHALE RIDGE TRAIL  
ORLANDO, FL 32818 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

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: P ( ) Delete  
Name: OKAFOR, FORSTER  
Address: 3136 ATWATER DRIVE  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: OKAFOR, FORSTER  
Address: 14367 ROCKLEDGE GROVE COURT  
City-St-Zip: ORLANDO, FL 32828 US

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: FORSTER OKAFOR

P

06/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date