2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2008
Secretary of State

DOCUMENT# P07000008412

Entity Name: PHARMED HEALTH PARTNERS, INC.

Current Principal Place of Business:

133 LE NAPE DR.
MIAMI SPRINGS, FL 33166 US

New Principal Place of Business:

133 LENAPE DRIVE
MIAMI SPRINGS, FL 33166 US

Current Mailing Address:

133 LE NAPE DR.
MIAMI SPRINGS, FL 33166 US

New Mailing Address:

133 LENAPE DRIVE
MIAMI SPRINGS, FL 33166 US

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

Name and Address of Current Registered Agent:

LOAR, LACY K
133 LE NAPE DR.
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

PEDRIANES, PEDRO
133 LENAPE DRIVE
MIAMI SPRINGS, FL 33166 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: PEDRO PEDRIANES 05/03/2008
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, D ( ) Delete
Name: PEDRIANES, PEDRO
Address: 133 LE NAPE DR.
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: S ( ) Delete
Name: LOAR, LACY K
Address: 133 LE NAPE DR.
City-St-Zip: MIAMI SPRINGS, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PEDRIANES, PEDRO
Address: 133 LENAPE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: S (X) Change ( ) Addition
Name: LOAR, LACY K.
Address: 133 LENAPE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166 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: PEDRO PEDRIANES PD 05/03/2008
Electronic Signature of Signing Officer or Director Date