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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000016962 (1)

PROMED PHARMICENTER, INC.

APPROVED AND FILED

96 JAN 29 PM 1: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA



	of Business	Mailing Address			[74 00111 80101 11010 01110 10110 01110 01110 1701
2700 COLORADO AVE. SANTA MONICA CA 80404		2700 COLORADO AVE. SANTA MONICA CA 90404			
US		US		3. Date Incorporated or Qualified 03/05/1993	3a. Date of Last Report 04/12/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1]		26		76-0393768	Not Applicable
Suitc. Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State		Oity & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
- Zφ -1	Country	Ziμ	Country	8. This corporation has liability for	
4	9. Name and Address of Curre	29	30	Florida Statutes Yes 10. Name and Address of New	s No
	g, Name and Address of Confe	ant negistered Agent	81 Name		negistered Agent
DDEALT	05 11411 0000000471041 0VOT	PP14 IN10	CTC	Corporation System	
	CE-HALL CORPORATION SYST	IEM INC.		tress (P.O. Box Number is Not Accepta South Pine Island R	ble)
1201 H			83	SOUCH PINE ISLAND N	381
SUITE 1			"		
IALLAH	ASSEE FL 32301		84 City		FL 85 Zip Code 33324
44 - Orango est t	the tree interest Post are 007.050	20 nod CO2 1500 Florida Cial d		tation	0000+
or registere	ed agent, or both, in the State of Fior	rida. Such change was authoriz	es, the above-harned corpored by the corporation's boa	pration submits this statement for the pu and of directors. I hereby accept the app	urpose of changing its registered offic pointment as registered agent. I am
farribar wit	h, and accept the obligations of, Sec	ction 607,0505, Florida Statutes	S.		_
SIGNATURE .	By: 1/1-	Much	M.T. Fitzpatri	ick, Asst. Secretary	1-25-96
	StoParine ty ly£d y * photecticanic of rEgistere Lagin	ft and title if anyocabie (NC	Offi: Flacustered Aucot signature reunir		DATE
10	OCCUPANT OF A				
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-ItF	DSVP		13. 1 1 TITLE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change X Addition
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 (310)998-8427