


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P93000016962 1. Entity Name PROMED PHARMICENTER, INC.					
Principal Place of Business 3820 STATE STREET SANTA BARBARA, CA 93105 US			Mailing Address 3820 STATE STREET SANTA BARBARA, CA 93105 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 76-0393768	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVS <input checked="" type="checkbox"/> Delete		TITLE	Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SILVER, RICHARD		NAME	Caitlin M. Larsen	
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MATTHEWS, DAVID C		NAME	Mary Jo Gregory	
STREET ADDRESS	3360 BURNS ROAD		STREET ADDRESS	3360 Burns Road	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000029822540 03/03/04--01062--001 **17636.25	
NAME	DENT, DENNIS L		NAME	Asst. Secretary	
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS	Kristina A. Mack	
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-ST-ZIP	3820 State Street	
TITLE	AS <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 000029822540 03/03/04--01062--001 **17636.25	
NAME	LARSEN, CAITLIN M		NAME	Santa Barbara, CA 93105	
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA, CA 93105		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Kristina A. Mack</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Kristina A. Mack, Asst. Secretary <u>2/20/04</u> Date Daytime Phone		