


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.	
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Principal Place of Business 3820 STATE STREET SANTA BARBARA, CA 93105 US	Mailing Address 3820 STATE STREET SANTA BARBARA, CA 93105 US
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2. Principal Place of Business	3. Mailing Address	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



01062004 Chg-P CR2E034 (10/03)

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
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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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	DVS <input checked="" type="checkbox"/> Delete
NAME	SILVER, RICHARD
STREET ADDRESS	3820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA, CA 93105
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	MATTHEWS, DAVID C
STREET ADDRESS	3360 BURNS ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	T <input type="checkbox"/> Delete
NAME	DENT, DENNIS L
STREET ADDRESS	3820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA, CA 93105
TITLE	AS <input checked="" type="checkbox"/> Delete
NAME	LARSEN, CAITLIN M
STREET ADDRESS	3820 STATE STREET
CITY-ST-ZIP	SANTA BARBARA, CA 93105
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caitlin M. Larsen
STREET ADDRESS	3820 State Street
CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Jo Gregory
STREET ADDRESS	3360 Burns Road
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000029822540
STREET ADDRESS	03/03/04--01062--001 **17636.25
CITY-ST-ZIP	
TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kristina A. Mack
STREET ADDRESS	3820 State Street
CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(l), 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: Kristina A. Mack Kristina A. Mack, Asst. Secretary 2/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone