CR2E034 (10/02)

FILED

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016962

1. Entity Name

PROMED PHARMICENTER, INC.

Principal Place of Business 3820 STATE STREET SANTA BARBARA CA 93105 US			3820 5	Mailing Address 3820 STATE STREET SANTA BARBARA CA 93105 US				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business			3. Maii	3. Mailing Address				1 14011401 410 10100 1141 00114 40114			
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. f	76-0393768		<u> </u>	pplied For ot Applicable
Zip	Country		Zip			Country		5. Certificate of Status Desired \$8.75 Fee Rec			
	6. Name	and Address of Curren	nt Registere	d Agent			7. N	Name and Address of New Re	gistered	Agent	
CT CORPO	DATION S			•	Name	lame					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324											
<u> </u>					City	-	FL Zip Code			de	
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											
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				l State				Election Campaign Fina Trust Fund Contribution			00 May Be d to Fees
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12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

Daytime Phone #