


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000042175 1. Entity Name BIOTECHNOLOGY MANAGEMENT ASSOCIATES, INC.	
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Principal Place of Business 7501 NW 4TH STREET STE 210 PLANTATION, FL 33317	Mailing Address 7501 NW 4TH STREET STE 210 PLANTATION, FL 33317
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0502808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SILVESTRI, LOUI 7501 NW 4TH STREET STE 210 PLANTATION, FL 33317

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	DPT SILVESTRI, LOUI 7501 NW 4TH STREET STE 210 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MANDLI, DIANA 7501 NW 4TH ST STE 210 PLANTATION, FL 33317
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01/21/04-80007-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  01/09/04 954-641-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #