

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000081083 (5)

1. Corporation Name

ADVANCED PHARMACODYNAMICS, P.A.

Principal Place of Business

1717 S.W. 41ST ST.
 CAPE CORAL FL 33914

Mailing Address

1717 S.W. 41ST ST.
 CAPE CORAL FL 33914

FILED

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0560111

Applied For

Not Applicable

5. Certificate of Status Desired

N/A

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

N/A

\$5.00 May Be
 Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
 Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

RIEDER, GENE
 1717 S.W. 41ST ST.
 CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name

Not applicable

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person in control of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing registered office)

(X)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

12. TITLE	D
NAME	RIEDER, GENE
STREET ADDRESS	1717 S.W. 41ST ST.
CITY ST ZIP	CAPE CORAL FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. 11 TITLE		Change	Addition
12 NAME			
13 STREET ADDRESS			
14 CITY ST ZIP			
21 TITLE		Change	Addition
22 NAME			
23 STREET ADDRESS			
24 CITY ST ZIP			
31 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY ST ZIP			
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY ST ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY ST ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 CITY ST ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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

GENE RIEDER, 7/1/95, 941-945-7710