2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000086789

City-St-Zip:

City-St-Zip:

Title:

Name: Address: LAKELAND, FL 33815

ISAACS, ALAN,

(X) Delete

CAVENDISH HOUSE CAMBRIDGE RD.

BARTON, CAMBRIDGE ENGLAND, CB37AR

CD

FILED Apr 29, 2005 Secretary of State

Entity Name: DOYEN MEDIPHARM, INC. **Current Principal Place of Business: New Principal Place of Business:** 625 MCCUE ROAD LAKELAND, FL 33815 US **Current Mailing Address: New Mailing Address:** 625 MCCUE ROAD LAKELAND, FL 33815 US FEI Number: 59-3280917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERISWILL, MARTIN 625 MCCUÉ ROAD LAKELAND, FL 33815 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BERISWILL, MARTIN BERISWILL, MARTIN Name: Name: 625 MCCUE ROAD 625 MCCUE ROAD Address: Address: City-St-Zip: LAKELAND, FL 33815 US City-St-Zip: LAKELAND, FL 33815 US Title: VD Title: VΡ () Delete (X) Change () Addition WARD, GREG, Name: WARD, GREG, Name: 625 MCCUE ROAD 625 MCCUE ROAD Address: Address: LAKELAND, FL 33815 US LAKELAND, FL 33815 US City-St-Zip: City-St-Zip: () Delete Title: PDT Title: PD (X) Change () Addition JOHNSON, RAY, MCLAUGHLIN, WILLIAM, Name: Name: 625 MCCUE RD 625 MCCUE RD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

LAKELAND, FL 33815

() Change () Addition

SIGNATURE: MARTIN BERISWILL TS 04/29/2005