

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000086789

FILED
Apr 30, 2003
Secretary of State

Entity Name: DOYEN MEDIPHARM, INC.

Current Principal Place of Business:

625 MCCUE ROAD
LAKELAND, FL 33815 US

New Principal Place of Business:

Current Mailing Address:

625 MCCUE ROAD
LAKELAND, FL 33815 US

New Mailing Address:

FEI Number: 59-3280917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERISWILL, MARTIN
625 MCCUE ROAD
LAKELAND, FL 33815 US

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: BERISWILL, MARTIN
Address: 625 MCCUE ROAD
City-St-Zip: LAKELAND, FL 33815 US

Title: VD () Delete
Name: WARD, GREG,
Address: 625 MCCUE ROAD
City-St-Zip: LAKELAND, FL 33815 US

Title: PDT () Delete
Name: JOHNSON, RAY,
Address: 625 MCCUE RD
City-St-Zip: LAKELAND, FL 33815

Title: CD () Delete
Name: ISAACS, ALAN,
Address: CAVENDISH HOUSE CAMBRIDGE RD.
City-St-Zip: BARTON, CAMBRIDGE ENGLAND, CB37AR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARTIN BERISWILL

VD

04/30/2003

Electronic Signature of Signing Officer or Director

Date