

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007639

FILED
Apr 14, 2004
Secretary of State

Entity Name: AMERICAN MEDICA - PHARMA CORPORATION

Current Principal Place of Business:

6531 NW 57TH LANE
PARKLAND, FL 33067

New Principal Place of Business:

4824 N STATE ROAD 7
108
COCONUT CREEK, FL 33073

Current Mailing Address:

6531 NW 57TH LANE
PARKLAND, FL 33067

New Mailing Address:

4824 N STATE ROAD 7
108
COCONUT CREEK, FL 33073

FEI Number: 65-0636119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOOMAR, L G
1152 N UNIVERSITY DR
PEMBROKE PINES, FL 33024 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: D () Delete
Name: MCMILLAN, CHRISTOPHER W
Address: 6531 NW 37TH LANE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCMILLAN, CHRISTOPHER W
Address: 4824 N STATE ROAD 7, #108
City-St-Zip: COCONUT CREEK, FL 33073

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: CHRISTOPHER WILLIAM MCMILLAN

PRES

04/14/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date