## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000020690

Entity Name: DUNHALL PHARMACEUTICALS, INC.

1500 N FLORIDA MANGO, SUITE 1

WEST PALM BEACH, FL 33409

Address: City-St-Zip: FILED Jan 06, 2003 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1500 N. FL SUITE 1	ORIDA MANG	60			
	LM BEACH, FI	33409			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1500 N. FL SUITE 1	ORIDA MANG	60			
	LM BEACH, FI	. 33409			
FEI Number:	: 65-0853749	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
321 ROYÁ	M. TIMOTHY L POINCIANA ACH, FL 3348(				
	named entity : e of Florida.	submits this statement for the	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	JACKSON, CH 1500 N. FLORI	Delete RRLES E DA MANGO, SUITE 1 EACH, FL 33409	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	THOMAS, KEVI 1500 N. FLORI	Delete N DA MANGO, SUITE 1 EACH, FL 33409	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S ( ) WISEMAN, CU	Delete RTIS	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CURTIS WISEMAN S 01/06/2003