
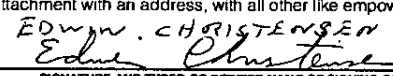


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90206 005 ***158.75

DOCUMENT # P97000021744 1. Entity Name EZ-MED COMPANY					
Principal Place of Business 3350 NW 22ND TERRACE STE 500 B POMPANO BEACH, FL 33069 US			Mailing Address 3350 NW 22ND TERRACE STE 500 B POMPANO BEACH, FL 33069 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANGELL CORPORATE SERVICES ONE NORTH CLEMATIS STREET SUITE 400 WEST PALM BEACH, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWIN, CHRISTENSEN		NAME		
STREET ADDRESS	5022 NW 104TH WAY		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP		
TITLE	PS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTENSEN, EDWIN		NAME		
STREET ADDRESS	5022 NW 104TH WAY		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALMSLEY, PETER N		NAME		
STREET ADDRESS	350 PENSACOLA BEACH BLVD STE 3B		STREET ADDRESS	309 LORUNA DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32562		CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	RAVILLI, PATRICK	
STREET ADDRESS			STREET ADDRESS	6000 ROYAL MARCOWAY UNIT PHL	
CITY-ST-ZIP			CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>EDWIN CHRISTENSEN - PRESIDENT</u>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-19-04 954-935-9588 <small>Date Daytime Phone #</small>		