


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000021744		
1. Entity Name EZ-MED COMPANY		
Principal Place of Business 3350 NW 22ND TERRACE STE 500 B POMPAN0 BEACH, FL 33069 US		Mailing Address 3350 NW 22ND TERRACE STE 500 B POMPAN0 BEACH, FL 33069 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANGELL CORPORATE SERVICES ONE NORTH CLEMATIS STREET SUITE 400 WEST PALM BEACH, FL 33401		DO NOT WRITE IN THIS SPACE
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</small> (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		U000000325179 04/23/05-80005-021 158.75
TITLE	PTSD	DO NOT WRITE IN THIS SPACE
NAME	EDWIN, CHRISTENSEN	
STREET ADDRESS	5022 NW 104TH WAY	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	PS	
NAME	CHRISTENSEN, EDWIN	
STREET ADDRESS	5022 NW 104TH WAY	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	C	
NAME	WALMSLEY, PETER N	
STREET ADDRESS	309 LORUNA DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	RAVILLI, PATRICK	
STREET ADDRESS	6000 ROYAL MARCOWAY UNIT PH6	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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)(f), 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</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-19-05</u> <u>954-935-9588</u> <small>Date Daytime Phone #</small>