2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000038396

Entity Name: NATIONAL HEALTHCARE DISTRIBUTORS, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

7837 W. SAMPLE RD 7837 W. SAMPLE RD CORAL SPRINGS, FL 33065 SUITE 124

CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

7837 W. SAMPLE RD 7837 W. SAMPLE RD CORAL SPRINGS, FL 33065 SUITE 124

CORAL SPRINGS, FL 33065

FEI Number: 65-0773542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PALADINE, SANDY 11224 NW 2 CT

CORAL SPRINGS, FL 33071 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DP (X) Change () Addition Name: PALADINE, SANDY PALADINE, SANDY

 Name:
 PALADINE, SANDY
 Name:
 PALADINE, SAND

 Address:
 11224 NW 2 CT
 Address:
 11224 NW 2 CT

City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071

Title: DVP3 () Delete Title: DVPS (X) Change () Addition

 Name:
 GERSNY, ROBERT
 Name:
 GERSNY, ROBERT

 Address:
 3155 ST ANNES DR
 Address:
 3155 ST ANNES DR

 City-St-Zip:
 BOCA RATON, FL 33496
 City-St-Zip:
 BOCA RATON, FL 33496

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: MR SANDY PALADINE P 04/28/2005