


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P98000004890 1. Entity Name NATIONAL PHARMACEUTICAL NETWORK, INC. |  |
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| Principal Place of Business 7895 PENSACOLA BLVD PENSACOLA, FL 32534 | Mailing Address 7895 PENSACOLA BLVD PENSACOLA, FL 32534 |
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DO NOT WRITE IN THIS SPACE



08042004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3494719 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent FEIGE, TERRY 22 S. 8TH ST. FERNANDINA BEACH, FL 32034 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00. Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HAYES, MICHAEL J 4300 NEW GETWELL RD MEMPHIS, TN |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V REIER, JOHN D 4300 NEW GETWELL RD MEMPHIS, TN 38118 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CASEY, JOHN A 4300 NEW GETWELL RD MEMPHIS, TN 38118 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST VAIL, CHARLES S 4300 NEW GETWELL RD MEMPHIS, TN 38118 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(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: *Charles S. Vail* **Charles S. Vail**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____