

04301999-90087-026-\$150.00-\$150.00

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90087 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000050517		
1. Corporation Name AMERILAB PHARMACEUTICALS, INCORPORATED		

Principal Place of Business
5700 ST. AUGUSTINE RD. STE.105
JACKSONVILLE FL 32207

Mailing Address
5700 ST. AUGUSTINE RD. STE.105
JACKSONVILLE FL 32207

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/05/1998	4. FEI Number 59-3511220	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
City & State 23	City & State 28	7. This corporation owes the current year Intangible Personal Property Tax.	8. This corporation owes the current year Intangible Personal Property Tax.	\$5.00 May Be Added to Fees Yes No
Zip 24	Country 25	9. Name and Address of Current Registered Agent RADEMAN, JERRY E 5700 ST. AUGUSTINE RD. STE.105 JACKSONVILLE FL 32207	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADEMAN, JERRY E	1.2 NAME	
STREET ADDRESS	5700 ST. AUGUSTINE RD. STE.105	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDICT, JAMES H	2.2 NAME	
STREET ADDRESS	28 BAY POINTE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (904)448-5525
Date Daytime Phone #

CR2E034 (11/98)