2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000098319

Entity Name: HILLTOP PHARMACY CONSULTANTS, INC.

FILED Apr 09, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1801 N.E. 140TH STREET 3030 PACIFIC WAY N. MIAMI, FL 33181 3030 PACIFIC WAY MIRAMAR, FL 33025

Current Mailing Address: New Mailing Address:

P.O. BOX 600651 3030 PACIFIC WAY
P.O. BOX 600651 MIRAMAR, FL 33025
N. MIAMI, FL 33160

FEI Number: 65-0878785 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:

 UGWU, MARTIN C DR.
 UGWU, MARTIN C DR.

 1801 N.E. 140TH STREET
 3030 PACIFIC WAY

 N. MIAMI, FL 33181 US
 MIRAMAR, FL 33025 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: MARTIN C. UGWU 04/09/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT () Delete Title: PD (X) Change () Addition Name: UGWU, MARTIN C DR UGWU, MARTIN C DR

 Address:
 1801 NE 140 ST #106
 Address:
 3030 PACIFIC WAY

 City-St-Zip:
 N. MIAMI, FL 33181
 City-St-Zip: MIRAMAR, FL 33025

Title: () Delete Title: ST () Change (X) Addition

 Name:
 Name:
 UGWU, GLORIA I MRS.

 Address:
 Address:
 3030 PACIFIC WAY

 City-St-Zip:
 City-St-Zip:
 MIRAMAR, FL 33025

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: MARTIN C. UGWU PD 04/09/2005