## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000047364**

1. Entity Name

PHARMACEUTICAL OUTSOURCING CONSULTANTS, INC.

**FILED** Jan 27, 2006 08:00 AN Secretary of State

CR2E034 (11/05)

Fee Required

Principal Place of Business

Mailing Address

800 8TH AVENUE, WEST PALMETTO, FL 34221

800 8TH AVENUE, WEST PALMETTO, FL 34221



DO I	TON	WRITE	IN	THIS	<b>SPACE</b>
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01232006 Applied For 4. FEI Number Not Applicable 65-0934273 \$8.75 Additional 5. Certificate of Status Desired 

6. Name and Address of Current Registered Agent

LOWE, WILLIAM E 1111 3RD AVENUE WEST BRADENTON, FL 34205

SIGNATURE:

NO TYPED OR PRINTED

## DO NOT WRITE IN THIS SPACE

No Chg-P

the obligations of registered agent.								
SIGNATURE Speaker, speed or provided name of regardered agents and title of applicable.  ### OFFICE Registered Agents is gnature required when reflectioning)  ###################################								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	<del>U00000403267</del> 02/03/06-80040-024 150.00			
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CRY ST-ZIP	D PIERSON, EUGENE A 380 BIMINI DRIVE PALMETTO, FL 34221	,						
TITLE RAME STREET ADDRESS CITY ST ZIP	D BARNETT, DORI G 380 BIMINI DRIVE PALMETTO, FL 34221			•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE			
TITLE NAME STREET ADDRESS CITY ST ZIP			IN THIS SPACE					
TITLE FAME STREET ADDRESS CITY: ST-ZIP				· dent				
TITLE MAME STREET ADDRESS CITY ST-ZIP								
12. I hereby certify that the information supplied with this filling does not goalify for the exemptions contained in Chapter 119, 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 air other like empowered.								

. 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