

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90085 047 ***150.00

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1. Entity Name
ALPHAMED PHARMACEUTICALS CORPORATION



Principal Place of Business
**2875 MCI DRIVE
PINELLAS PARK, FL 33782**

Mailing Address
**2875 MCI DRIVE
PINELLAS PARK, FL 33782**



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3587193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEZDEY, JARETT
2875 MCI DRIVE
PINELLAS PARK, FL 33782**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEZDEY, DARREN 2875 MCI DRIVE PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEZDEY, JARETT 2875 MCI DRIVE PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN of the BOARD JOHN LEZDEY 2875 MCI DRIVE PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Sales & Marketing, B.O.D. TODD FARMER 2875 MCI DRIVE PINELLAS PARK, FL 33782
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 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 all other like empowered.

SIGNATURE: *Jarett Lezey* **JARETT LEZDEY**

7/12/06 **(727) 456-2585**