

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000103106

Entity Name: PHARMATEST, INC.

**FILED**  
**Sep 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4401 SHERIDAN ST.  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4401 SHERIDAN ST.  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 65-0962840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FISHMAN, ROBERT  
4401 SHERIDAN ST.  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FISHMAN, ROBERT  
Address: 1875 NW 139TH TERR  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T  
Name: FISHMAN, GREGG  
Address: 3416 S.W. 51 ST  
City-St-Zip: HOLLYWOOD, FL 33312

I hereby 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 all other like empowered.

SIGNATURE: ROBERT FISHMAN

P

09/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date