

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K53885

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** BIOPUS SPECIALTY PHARMACY SERVICES, INC.

**Current Principal Place of Business:**

376 S. NORTHLAKE BLVD.  
SUITE 1008  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

376 S. NORTHLAKE BLVD.  
SUITE 1008  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**FEI Number:** 59-2920860      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PHALIN, LAWRENCE J  
225 E ROBINSON ST SUITE 600  
ORLANDO, FL 32801 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: D  
Name: MACLEAY, MICHAEL R.  
Address: 376 S NORTHLAKE BLVD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D  
Name: VOGT, STEPHEN C.  
Address: 376 S NORTHLAKE BLVD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D  
Name: GARNER, H. STEPHEN  
Address: 376 S NORTHLAKE BLVD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: STEPHEN C VOGT

D

04/12/2012

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

\_\_\_\_\_ Date