


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
Secretary of State


DOCUMENT # P02000068169
 1. Entity Name
BHS PHARMACY CONSULTANTS, INC.



Principal Place of Business
**621 ISLAND RD.
 MIAMI, FL 33137**

Mailing Address
**621 ISLAND RD.
 MIAMI, FL 33137**

DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0460131 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLUMENTHAL, CARMEN A
 621 ISLAND RD
 MIAMI, FL 33137**

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
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, SHARON
STREET ADDRESS	621 ISLAND RD.
CITY - ST - ZIP	MIAMI, FL 33137
TITLE	VD
NAME	HAYES, CARL R
STREET ADDRESS	621 ISLAND RD.
CITY - ST - ZIP	MIAMI, FL 33137
TITLE	STD
NAME	ACEVES-BLUMENTHAL, CARMEN
STREET ADDRESS	621 ISLAND RD.
CITY - ST - ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/13/07-80001-010 150.00

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: *Carmen Blumenthal* **3/1/7** **305.215.4747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #