


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90033 038 \*\*\*150.00

DOCUMENT # P06000151053			
1. Entity Name PHYSICIANS DISPENSING SERVICE, INC.			
Principal Place of Business 12349 N.W. 56TH ST CORAL SPRINGS, FL 33076		Mailing Address 12349 N.W. 56TH ST CORAL SPRINGS, FL 33076	
2. Principal Place of Business - No P.O. Box # 8913 Belle Aire Ct Suite, Apt. #, etc.		3. Mailing Address 8913 Belle Aire Ct Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State Boca Raton FL	
4. FEI Number 64-0955274		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03272008 Chg-P CR2E034 (12/06)	
Zip 33433		Country Palm Beach	
Zip 33433		Country Palm Beach	
6. Name and Address of Current Registered Agent SCHWARTZ, RICHARD A 8913 BELLE AIRE CT BOCA RATON, FL 33433		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, RICHARD A	NAME	
STREET ADDRESS	8913 BELLE AIRE CT	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENKO, KENNETH	NAME	
STREET ADDRESS	<del>12349 N.W. 55TH ST</del>	STREET ADDRESS	5029 NW 95th Dr
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISER, KEVIN	NAME	
STREET ADDRESS	3477 WHITMAN CT	STREET ADDRESS	
CITY-ST-ZIP	THOUSAND OAKS, CA 91360	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Richard A. Schwartz</u> President		Date: <u>4-9-08</u> Daytime Phone #: <u>561-988-1099</u>	