

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000071296

**FILED**  
**May 31, 2007**  
**Secretary of State**

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

**Current Principal Place of Business:**

800 E. MELBOUNRE AVE  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 E. MELBOUNRE AVE  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 59-3400186      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FALLACE, JAMES H  
1900 S HICKORY STREET  
MELBOURNE, FL 32901 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SWITZLER, THOMAS  
Address: 975 WHITMIRE DR  
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete  
Name: SWITZLER, BARBARA  
Address: 975 WHITMIRE DR  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SWITZLER, THOMAS  
Address: 7055 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D (X) Change ( ) Addition  
Name: SWITZLER, BARBARA  
Address: 7055 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS SWITZLER

D

05/31/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date