

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000071296

FILED  
Feb 19, 2010  
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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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: THOMAS D SWITZLER

D

02/19/2010

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

\_\_\_\_\_ Date