2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P96000071296 **DOCUMENT #**

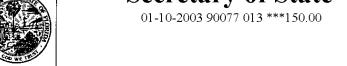
1. Entity Name

Principal Place of Business

SPECIALTY PHARMACY SERVICES, INC.



Jan 10, 2003 8:00 am Secretary of State



FILED

MELBOURNE I US 2. Principal P Suite, Apt.	FL 32901	ess	MELB US 3. Mai	MELBOURNE FL 32901 US 3. Mailing Address Suite, Apt. #, etc.							
Suite, Apr. #, etc.			June	Suite, Apr. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State	Э		City	City & State			4.	4. FEI Number 59-3400186 Applied For Not Applicable			
Zip	Country			Zip		Country		Certificate of Status Desired	\$8.75 Ad	ditional	
	6. Name	and Address of Cu	rrent Registere	ed Agent			7. 1	Name and Address of New Register	ed Agent		
FALLACE, JAMES H 1900 S HICKORY STREET MELBOURNE FL 32901						Street Address (P.O. Box Number is Not Acceptable)					
						City			Zip Cod	de .	
	named entity ons of registe		ent for the purp	ose of changing its r	registere	ed office or re	gistered ag	ent, or both, in the State of Florida. I	am familiar with,	and accept	
SIGNATURE _		or printed name of registered	d agent and title if agg	vicable. (NOTE:	: Registere	d Agent signature n	equired when re	einstating) DA	TF.		
After	May 1, 200	FEE IS \$150.0 Fee will be \$55 Florida Departme	0.00					9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AND DIRECTORS			11.		AD	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11		
NAME	SWITZLER, THOMAS 975 WHITMIRE DR							☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D □ Delete SWITZLER, BARBARA 975 WHITMIRE DR MELBOURNE FL 32935						☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5°		□ Delete .		· i			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 attaching with an address, with all original reports as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the proposed of the corporation of the c

SIGNATURE: