
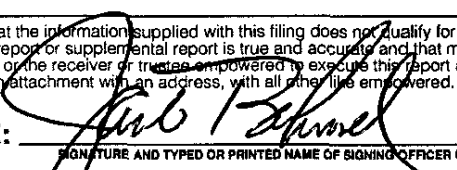


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90295 006 ***150.00

DOCUMENT # P97000079709					
1. Entity Name GENESIS PHARMACY SERVICES, INC.					
Principal Place of Business 5710 HOOVER BLVD. TAMPA, FL 33634 US			Mailing Address 5710 HOOVER BLVD. TAMPA, FL 3363 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent BECKEL, JACOB J 5710 HOOVER BLVD. TAMPA, FL 33634				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, 2004 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 checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKEL, MARK P.		NAME	Beckel, Jacob J.	
STREET ADDRESS	5710 HOOVER BLVD.		STREET ADDRESS	5710 Hoover Blvd.	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	Tampa, FL 33634	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKEL, JACOB J		NAME	Arnette, Christopher A.	
STREET ADDRESS	5710 HOOVER BLVD.		STREET ADDRESS	5710 Hoover Blvd.	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECKLEY, MICHAEL S		NAME		
STREET ADDRESS	5710 HOOVER BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
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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 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 attachment with an address, with all other like information.					
SIGNATURE: 		Jacob Beckel		1/26/04 800-995-4363	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

94048895



01212004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3468608 Applied For Not Applicable

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

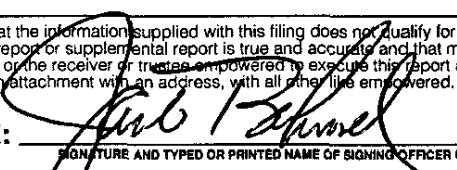
6. Name and Address of Current Registered Agent
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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

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SIGNATURE:  Jacob Beckel 1/26/04 800-995-4363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #