

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000036890

**Entity Name:** CONSULTANT PHARMACIST SERVICES, INC.

**Current Principal Place of Business:**

541 SE WOODS EDGE TRAIL  
STUART, FL 34997-6374

**Current Mailing Address:**

541 SE WOODS EDGE TRAIL  
STUART, FL 34997-6374 US

**FEI Number:** 20-4486123

**Certificate of Status Desired:** No

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

CICCONE, JOSEPH A  
541 SE WOODS EDGE TRL  
STUART, FL 34997 US

*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

**Officer/Director Detail :**

Title PSD  
Name CICCONE, JOSEPH A  
Address 541 SE WOODS EDGE TRL  
City-State-Zip: STUART FL 34997

*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:** JOSEPH CICCONE

**PRESIDENT**

**01/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date