

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000004491

**FILED
Apr 17, 2015
Secretary of State
CC9550376333**

Entity Name: SPECIALTY PHARMACY NURSING NETWORK, INC.

Current Principal Place of Business:

1800 2ND STREET
SUITE 720
SARASOTA, FL 34209

Current Mailing Address:

1800 2ND STREET
SUITE 720
SARASOTA, FL 34209 US

FEI Number: 26-4073242

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 P, D
Name GREGORY, CHERYLANN M
Address 1800 2ND ST.
SUITE 720
City-State-Zip: SARASOTA FL 34236

Title S, T
Name GREGORY, THOMAS W
Address 1800 2ND ST
SUITE 720
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name DOYLE, THOMAS
Address 1800 2ND ST
SUITE 720
City-State-Zip: SARASOTA FL 34236

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 W GREGORY

SECRETARY

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date