

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000004491

Entity Name: SPECIALTY PHARMACY NURSING NETWORK, INC.

Current Principal Place of Business:

1626 BARBER RD.
SUITE B
SARASOTA, FL 34240

Current Mailing Address:

3000 LAKESIDE DR.
SUITE 300N
BANNOCKBURN, IL 60015 US

FEI Number: 26-4073242

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 PRESIDENT, TREASURER, DIRECTOR
Name SHAPIRO, MICHAEL
Address 3000 LAKESIDE DR.
 SUITE 300N
City-State-Zip: BANNOCKBURN IL 60015

Title SECRETARY
Name SMYSER, COLLIN
Address 3000 LAKESIDE DR.
 SUITE 300N
City-State-Zip: BANNOCKBURN IL 60015

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: COLLIN SMYSER

SECRETARY

03/17/2023

Electronic Signature of Signing Officer/Director Detail

Date