

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000004491

**FILED**  
**Apr 05, 2018**  
**Secretary of State**  
**CC5089256519**

**Entity Name:** SPECIALTY PHARMACY NURSING NETWORK, INC.

**Current Principal Place of Business:**

1626 BARBER RD.  
SUITE B  
SARASOTA, FL 34240

**Current Mailing Address:**

1626 BARBER RD.  
SUITE B  
SARASOTA, FL 34240 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 1626 BARBER RD.  
SUITE B  
City-State-Zip: SARASOTA FL 34240

Title S, T, D  
Name GREGORY, THOMAS W  
Address 1626 BARBER RD.  
SUITE B  
City-State-Zip: SARASOTA FL 34240

Title D  
Name GREGORY, WILLIAM  
Address 1626 BARBER RD.  
SUITE B  
City-State-Zip: SARASOTA FL 34240

*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 GREGORY**

**SECRETARY**

**04/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date