

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000004491

**FILED**  
**Mar 26, 2013**  
**Secretary of State**  
**CC1912788278**

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

**Current Principal Place of Business:**

1800 2ND STREET  
SUITE 720  
SARASOTA, FL 34236

**Current Mailing Address:**

1800 2ND STREET  
SUITE 720  
SARASOTA, FL 34236 US

**FEI Number:** 26-4073242

**Certificate of Status Desired:** Yes

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

GREGORY, THOMAS W  
1800 2ND ST  
SUITE 720  
SARASOTA, FL 34236 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 GREGORY

**DIRECTOR**

**03/26/2013**

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

\_\_\_\_\_  
Date