

2016 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:

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

Title DIRECTOR
Name DOYLE, THOMAS
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

04/01/2016

Electronic Signature of Signing Officer/Director Detail

Date