

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000071296

**Entity Name:** SPECIALTY PHARMACY SERVICES, INC.

**Current Principal Place of Business:**

800 E. MELBOURNE AVE  
MELBOURNE, FL 32901

**Current Mailing Address:**

800 E. MELBOURNE AVE  
MELBOURNE, FL 32901 US

**FEI Number: 59-3400186**

**Certificate of Status Desired: No**

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

THALWITZER, AARON ESQ  
1990 W. NEW HAVEN AVE  
STE 201  
MELBOURNE, FL 32904 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  
Name LAVANGO, VITO F  
Address 800 E. MELBOURNE AVE  
City-State-Zip: MELBOURNE FL 32901

*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: VITO F. LAVANGO** \_\_\_\_\_

**PRESIDENT**

**04/04/2016**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date