

**2014 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:**

FALLACE, JAMES H  
1900 S HICKORY STREET  
MELBOURNE, FL 32901 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 D  
Name SWITZLER, THOMAS  
Address 7055 S. TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952

Title D  
Name SWITZLER, BARBARA  
Address 7055 S. TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952

*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 SWITZLER**

**VICE-PRESIDENT**

**01/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date