

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004230

FILED
Apr 23, 2007
Secretary of State

Entity Name: CURASCRIPT PBM SERVICES, INC.

Current Principal Place of Business:

6272 LEE VISTA BLVD
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

6272 LEE VISTA BLVD
ORLANDO, FL 32822 US

New Mailing Address:

FEI Number: 36-4374570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: PAZ, GEORGE
Address: 147 GAY AVE
City-St-Zip: SAINT LOUIS, MO 63105

Title: PCEO () Delete
Name: MEFTE, DOMENIC A JR
Address: 2206 LAKE CRESCENT CT
City-St-Zip: WINDERMERE, FL 34786

Title: VPCO () Delete
Name: HOWARD, DONALD D
Address: 3632 BEECHTREE DR
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LOWENBERG, DAVID
Address: 6272 LEE VISTA BLVD
City-St-Zip: ORLANDO, FL 32822

Title: VP (X) Change () Addition
Name: HOWARD, DONALD
Address: 6272 LEE VISTA BLVD
City-St-Zip: ORLANDO, FL 32822

Title: ASEC (X) Change () Addition
Name: ELLIOTT, KELLEY
Address: 13900 RIVERPORT DRIVE
City-St-Zip: MARYLAND HEIGHTS, MO 63043

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KELLEY ELLIOTT

ASEC

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date