

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001853

FILED
Jan 14, 2009
Secretary of State

Entity Name: TMS FULFILLMENT PHARMACY, INC.

Current Principal Place of Business:

15951 SW 41ST STREET
100
DAVIE, FL 33331

New Principal Place of Business:

904 SE PRIMA VISTA BLVD
200
PORT ST. LUCIE, FL 34925

Current Mailing Address:

15951 SW 41ST STREET
100
DAVIE, FL 33331

New Mailing Address:

904 SE PRIMA VISTA BLVD
200
PORT ST. LUCIE, FL 34925

FEI Number: 20-1297827

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 323012525 US

Name and Address of New Registered Agent:

FRIEDFELD, RICK CFO,VP
904 SE PRIMA VISTA BLVD
200
PORT ST. LUCIE, FL 34925 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: RICK FRIEDFELD

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: ROSEN, RICHARD H
Address: 162 WASHINGTON STREET
City-St-Zip: BELMONT, MA 02478

Title: AS () Delete
Name: BENNETT, REBECCA L
Address: 162 WASHINGTON STREET
City-St-Zip: BELMONT, MA 02478

Title: CEO () Delete
Name: TROWBRIDGE, WARREN K
Address: 904 PRIMA VISTA BLVD #200
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: TROWBRIDGE, WARREN K
Address: 904 SE PRIMA VISTA BLVD STE 200
City-St-Zip: PORT ST. LUCIE, FL 34925 US

Title: S,VP (X) Change () Addition
Name: THIBOULT, MARY JO
Address: 904 SE PRIMA VISTA BLVD STE 200
City-St-Zip: PORT ST. LUCIE, FL 34925 US

Title: CFO (X) Change () Addition
Name: FRIEDFELD, RICK
Address: 904 SE PRIMA VISTA BLVD STE 200
City-St-Zip: PORT ST LUCIE, FL 34925

I hereby certify that the information supplied with this filing does not qualify 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: RICK FRIEDFELD

CFO

01/14/2009

Electronic Signature of Signing Officer or Director

Date