

F08000002899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

Amend

TB

7/29/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE PHARMACY TELEVISION NETWORK, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F08000002899

The enclosed *Affidavit by Foreign Corporation to Change Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDER J MARCHANT  
(Name of Contact Person)

THE PHARMACY TELEVISION NETWORK, INC.  
(Firm/Company)

3400 LAKESIDE DRIVE STE #500  
(Address)

MIRAMAR FL 33027  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDER J MARCHANT at ( 954 ) 441 3215 X 320  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &  
Certificate of Status



\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)



\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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2008 JUL 24 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE OFFICER(S)  
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:  
THE PHARMACY TELEVISION NETWORK, INC.
2. This entity was authorized to transact business in Florida on 06/27/08 and its Florida document number is F08000002899.
3. This corporation was formed under the laws of DELAWARE.
4. The name and address of each officer and/or director is as follows:

Title:

CP

Name and Address

KYLE, JOHN N II

3400 LAKESIDE DRIVE STE #500

MIRAMAR FL 33027

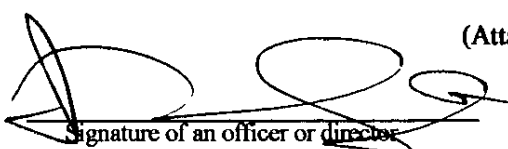
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MARCHANT, ALEXANDER J

3400 LAKESIDE DRIVE STE #500

MIRAMAR FL 33027

(Attach additional pages if necessary)

  
Signature of an officer or director

CHAIRMAN & PRESIDENT

Title of person signing

JOHN N KYLE II

Typed or printed name of person signing