## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G67456

FILED Mar 28, 2011 Secretary of State

Entity Name: PHARMACY PROVIDER SERVICES CORPORATION OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

3375-I CAPITAL CIR NE TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

3375-I CAPITAL CIR NE TALLAHASSEE, FL 32308

FEI Number: 59-2355220 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FUCARINO, DAN 3375-I CAPITAL CIR NE TALLAHASSEE, FL 32308 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.

III the State of Florid

SIGNATURE: Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: MINCY, CYNTHIA T

Address: 3375-I CAPITAL CIRCLE, NE City-St-Zip: TALLAHASSEE, FL 32308

Title: TD

Name: BURNSIDE, ROBERT N Address: 6 TWICKENHAM CT City-St-Zip: COLUMBIA, SC 29209

Title: C

Name: FUCARINO, DAN

Address: 10205 LAKE CARROLL WAY

City-St-Zip: TAMPA, FL 33618

Title: [

Name: STAMITOLES, MICHAEL Address: 2830 INVERNESS CT. City-St-Zip: PENSACOLA, FL

Title: SD

Name: PARKER, RON

Address: 5020 COMMERCIAL PARK CIR City-St-Zip: PENSACOLA, FL 32505

Title: D

Name: HOYE, ROBERT Address: 3215 #F MCDILL AVENUE

City-St-Zip: TAMPA, FL

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: CYNTHIA TANNER MINCY PRES 03/28/2011