2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2012
Secretary of State

DOCUMENT# G67456

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

Current Principal Place of Business:

3375-I CAPITAL CIR NE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3375-I CAPITAL CIR NE
TALLAHASSEE, FL 32308

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

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: D
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 CEO 01/13/2012

Electronic Signature of Signing Officer or Director — Date