

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J48618

FILED
Apr 19, 2009
Secretary of State

Entity Name: PHARMACY SERVICES GIVEN, INC.

Current Principal Place of Business:

3714 LAKE BUYNAC ROAD (32786)
P.O. BOX 691
WINDERMERE, FL 34786

New Principal Place of Business:

3714 LAKE BUYNAC ROAD (34786)
WINDERMERE, FL 34786

Current Mailing Address:

3714 LAKE BUYNAC ROAD (34786)
P.O. BOX 691
WINDERMERE, FL 34786

New Mailing Address:

3714 LAKE BUYNAC ROAD (34786)
WINDERMERE, FL 34786

FEI Number: 59-3128759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KREUTER WILLIAM E ESQUIRE
3117 EDGEWATER DRIVE
ORLANDO, FL 32804 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: P () Delete
Name: HERRING, MAUREEN F.
Address: 3714 LAKE BUYNAC ROAD
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAUREEN FAYE HERRING

PRES

04/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date