

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J48618

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** PHARMACY SERVICES GIVEN, INC.

**Current Principal Place of Business:**

3714 LAKE BUYNAC ROAD (34786)  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

3714 LAKE BUYNAC ROAD (34786)  
WINDERMERE, FL 34786

**New Mailing Address:**

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  
Name: HERRING, MAUREEN F.  
Address: 3714 LAKE BUYNAC ROAD  
City-St-Zip: WINDERMERE, FL 34786

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: MAUREEN F HERRING

PRES

04/07/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date