


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000060719 1. Entity Name PATIENT CARE PHARMACY SERVICES, INC.	
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Principal Place of Business 3382 NORTH ACCESS ROAD, OAKS PLAZA ENGLEWOOD, FL 34224	Mailing Address 3382 NORTH ACCESS ROAD, OAKS PLAZA ENGLEWOOD, FL 34224
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DO NOT WRITE IN THIS SPACE

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1033183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DUNKIN, DAVID A
170 WEST DEARBORN STREET
ENGLEWOOD, FL 34223-3290**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, MICHAEL F 146 MECCA STREET PORT CHARLOTTE, FL 37954
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02/17/04-80015-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11, if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **Michael F. Klein** **2-6-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #