## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000060719

Entity Name: PATIENT CARE PHARMACY SERVICES, INC.

FILED Jan 27, 2009 Secretary of State

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

3382 NORTH ACCESS ROAD, OAKS PLAZA 1476 A MARKET CIRCLE ENGLEWOOD, FL 34224 PORT CHARLOTTE, FL 33953

Current Mailing Address: New Mailing Address:

3382 NORTH ACCESS ROAD, OAKS PLAZA 1476 A MARKET CIRCLE ENGLEWOOD, FL 34224 PORT CHARLOTTE, FL 33953

FEI Number: 65-1033183 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:

DUNKIN, DAVID A 170 WEST DEARBORN STREET ENGLEWOOD, FL 342233290 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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: MR. (X) Change ( ) Addition

 Name:
 KLEIN, MICHAEL F
 Name:
 KLEIN, MICHAEL F

 Address:
 146 MECCA STREET
 Address:
 146 MECCA STREET

City-St-Zip: PORT CHARLOTTE, FL 37954 City-St-Zip: PORT CHARLOTTE, FL 33954

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: MICHAEL F. KLEIN MR. 01/27/2009

Electronic Signature of Signing Officer or Director

Date