

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000060719

**FILED**  
**May 23, 2011**  
**Secretary of State**

**Entity Name:** PATIENT CARE PHARMACY SERVICES, INC.

**Current Principal Place of Business:**

1476 A MARKET CIRCLE  
UNIT 1  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

1476 MARKET CIRCLE  
UNIT 1  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

1476 A MARKET CIRCLE  
UNIT 1  
PORT CHARLOTTE, FL 33953

**New Mailing Address:**

1476 MARKET CIRCLE  
UNIT 1  
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:**

DUNKIN, DAVID A  
170 WEST DEARBORN STREET  
ENGLEWOOD, FL 342233290 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: P  
Name: KLEIN, MICHAEL F  
Address: 146 MECCA STREET  
City-St-Zip: PORT CHARLOTTE, FL 33954

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: MICHAEL F. KLEIN

P

05/23/2011

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

\_\_\_\_\_  
Date