

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000070784

FILED
Jul 05, 2006
Secretary of State

Entity Name: VERIFIED PRESCRIPTION SAFEGUARDS, INC.

Current Principal Place of Business:

2580 WATERWILD LANE
LEXINGTON, KY 40511

New Principal Place of Business:

325 W MAIN STREET
SUITE 240
LEXINGTON, KY 40507

Current Mailing Address:

P.O. BOX 12012
LEXINGTON, KY 40579

New Mailing Address:

2225 E RANDOL MILL
SUITE 305
ARLINGTON, TX 76011

FEI Number: 20-3893235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFFNE, ROBERT
4915 LEEWARD LANE
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

CAPITOL CORPORATE SERVICES, INC
1333 N DUVAL ST
TALLAHASSEE, FL 32303 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: MYRA HOMER

07/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEFF, ROBERT
Address: 4915 LEEWARD LANE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: P () Delete
Name: MILLARD, JAMES
Address: 2580 WATERWILD LANE
City-St-Zip: LEXINGTON, KY 40511

Title: D () Delete
Name: ARCH, JAMES
Address: P.O. BOX 94037
City-St-Zip: MAITLAND, FL 32794

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: JENKINS, DEBRA
Address: 4161 S US HWY 1, #C3
City-St-Zip: JUPITER, FL 33477

Title: D () Change (X) Addition
Name: HAIRE, SCOTT
Address: 2225 E RANDOL MILL, #305
City-St-Zip: ARLINGTON, TX 76011

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT A HAIRE

D

07/05/2006

Electronic Signature of Signing Officer or Director

Date