

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90020 009 ***150.00

DOCUMENT # P00000070784

1. Entity Name
VERIFIED PRESCRIPTION SAFEGUARDS, INC.



Principal Place of Business
**325 W MAIN STREET
SUITE 240
LEXINGTON, KY 40507**

Mailing Address
**777 MAIN ST
3100
FORT WORTH, TX 76102**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-3893235

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPITOL CORPORATE SERVICES, INC
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
RENfro, JAMES
150 SWANSEA LN
FAYETTEVILLE, GA 30214** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JENKINS, DEBRA
4161 S US HWY 1, #C3
JUPITER, FL 33477** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JENKINS, DEBRA
1218 BELLE PL.
FT. WORTH, TX 76107** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HAIRE, SCOTT
2225 E RANDOL MILL, #305
ARLINGTON, TX 76011** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HAIRE, SCOTT
777 MAIN ST. #3100
FT. WORTH, TX 76102** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT A. HAIRE

Date

Daytime Phone #

817.320.7080