

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005200

FILED
Feb 10, 2005
Secretary of State

Entity Name: TRILINK PHARMACY SERVICES, INC.

Current Principal Place of Business:

1515 10 AVE EAST
PALMETTO, FL 34221

New Principal Place of Business:

4190 BANBURY CIRCLE
PARRISH, FL 34219

Current Mailing Address:

1515 10 AVE EAST
PALMETTO, FL 34221

New Mailing Address:

4190 BANBURY CIRCLE
PARRISH, FL 34219

FEI Number: 65-1067318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, MYA E
1515 10 AVE EAST
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

JONES, MYA E
4190 BANBURY CIRCLE
PARRISH, FL 34219 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: MYA E. JONES

02/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, MYA E
Address: 1515 10 AVE EAST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, MYA E
Address: 4190 BANBURY CIRCLE
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MYA E. JONES

P

02/10/2005

Electronic Signature of Signing Officer or Director

Date