

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017065

Entity Name: L & H PHARMACY SERVICES, INC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

705 NE 2ND STREET
HALLANDALE, FL 33009

New Principal Place of Business:

9511 COLLINS AVENUE
1009
SURFSIDE, FL 33154

Current Mailing Address:

PO BOX 432
HALLANDALE, FL 33008

New Mailing Address:

P.O. BOX 546141
SURFSIDE, FL 33154

FEI Number: 65-1075458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKER, LARRY
705 NE 2ND STREET
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

HACKER, LARRY
9511 COLLINS AVENUE
1009
SURFSIDE, FL 33154 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: LARRY HACKER

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HACKER, LARRY
Address: 705 NE 2ND STREET
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HACKER, LARRY
Address: 9511 COLLINS AVENUE #1009
City-St-Zip: SURFSIDE, FL 33154

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: LARRY HACKER

D

04/25/2006

Electronic Signature of Signing Officer or Director

Date