## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017065

Entity Name: L & H PHARMACY SERVICES, INC.

FILED Apr 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5555 COLLINS AVE, #14C 5555 COLLINS AVE MIAMI BEACH, FL 33140

SUITE 14C

MIAMI BEACH, FL 33140

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 415516 P.O. BOX 415516

MIAMI BEACH, FL 33151 MIAMI BEACH, FL 33141

FEI Number: 65-1075458 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HACKER, LARRY HACKER, LARRY 9511 COLLINS AVENUE 5555 COLLINS AVENUE SUITE 14C 1009 SURFSIDE, FL 33154 US MIAMI BEACH, FL 33140 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 04/28/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

HACKER, LARRY HACKER, LARRY Name: Name: Address:

9511 COLLINS AVENUE #1009 Address: 5555 COLLINS AVENUE #14C City-St-Zip: SURFSIDE, FL 33154 City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify 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 04/28/2008 D