

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000017065

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** L & H PHARMACY SERVICES, INC.

**Current Principal Place of Business:**

5555 COLLINS AVE  
SUITE 14C  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

4040 N. HILLS DRIVE  
APT. #39  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

P.O. BOX 415516  
MIAMI BEACH, FL 33141

**New Mailing Address:**

P.O. BOX 814371  
HOLLYWOOD, FL 33081

**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  
5555 COLLINS AVENUE  
SUITE 14C  
MIAMI BEACH, FL 33140 US

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

HACKER, LARRY  
4040 N. HILLS DRIVE  
APT. #39  
HOLLYWOOD, FL 33021 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:

04/27/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HACKER, LARRY  
Address: 4040 N. HILLS DRIVE APT. #39  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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 all other like empowered.

SIGNATURE: LARRY HACKER

D

04/27/2010

Electronic Signature of Signing Officer or Director

Date