

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026500

FILED  
Mar 27, 2012  
Secretary of State

**Entity Name:** PHARMACY ADMINISTRATIVE SOLUTIONS, INC.

**Current Principal Place of Business:**

3550 W. WATERS AVE.  
SUITE #254  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

3550 W. WATERS AVE.  
SUITE #254  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 59-3703738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BETTS, LESLIE  
3550 W. WATERS AVE.  
SUITE #254  
TAMPA, FL 33614 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDCS  
Name: BETTS, LESLIE G  
Address: 13512 WESTSHIRE DR  
City-St-Zip: TAMPA, FL 33618

Title: T  
Name: BETTS, LESLIE G  
Address: 13512 WESTSHIRE DR  
City-St-Zip: TAMPA, FL 33618

Title: V  
Name: BETTS, MARC  
Address: 13512 WESTSHIRE DR  
City-St-Zip: TAMPA, FL 33618

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: LESLIE BETTS

PDCS

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date