

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088311

FILED
Apr 13, 2004
Secretary of State

Entity Name: HEALTH PLAN PHARMACY SERVICES, INC.

Current Principal Place of Business:

5535 MEMORIAL HWY.
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5535 MEMORIAL HWY.
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3743523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRIGAN, THOMAS J
11282 W. HILLSBOROUGH AVENUE
TAMPA, FL 33634 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ-LIMBERG, CARIDAD
Address: 5208 LONGBOAT BLVD
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARIDAD GONZALEZ-LIMBERG

P

04/13/2004

Electronic Signature of Signing Officer or Director

Date