


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90103 034 ***150.00

DOCUMENT # P01000088311 1. Entity Name HEALTH PLAN PHARMACY SERVICES, INC.	
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Principal Place of Business 5535 MEMORIAL HWY TAMPA, FL 33634	Mailing Address 5535 MEMORIAL HWY. TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3743523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIOS SMIDHUM & MANLEY, P.A.
3421 WEST CYPRESS ST
TAMPA, FL 33607

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ-LIMBERG, CARIDAD 5208 LONGBOAT BLVD TAMPA, FL 33615
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: C. Gonzalez Limberg 1-19-07 813.889.9779 813.477-3886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #