

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000101302

1. Entity Name
PRN PHARMACY SERVICES, INC.



Principal Place of Business
944 OAKVIEW RD
TARPON SPRINGS, FL 34689

Mailing Address
944 OAKVIEW RD
TARPON SPRINGS, FL 34689



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3745065
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM L ESQ
401 S LINCOLN AVE
CLEARWATER, FL 33756

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SAMARKOS, MICHAEL
STREET ADDRESS 944 OAKVIEW ROAD
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D
NAME OBRINGER, ALAN
STREET ADDRESS 944 OAKVIEW ROAD
CITY-ST-ZIP TARPON SPRINGS, FL 34689

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1100000456612
03/15/06-80035-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: MICHAEL SAMARKOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06 727-743-2980
Date Daytime Phone #