


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000058450 1. Entity Name EXPRESS MEDICATION SERVICE PHARMACY, INC.	
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Principal Place of Business 1809 NE 2ND AVENUE MIAMI, FL 33132	Mailing Address 1809 NE 2ND AVENUE MIAMI, FL 33132
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04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

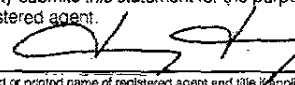
4. FEI Number 43-1995372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MEDELL, PHILIPPE
1809 NE 2ND AVENUE
MIAMI, FL 33132**

**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:  **4-6-04**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent Signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

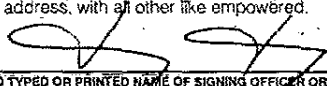
9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**000000108532
04/12/04-80007-007 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDELL, PHILIPPE 1809 NE 2ND AVENUE MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOMINGUEZ, DANNY 1809 NE 2ND AVENUE MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **4-6-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #