

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112334

FILED
Aug 30, 2004
Secretary of State

Entity Name: PHARMACY COVERAGE INC.

Current Principal Place of Business:

1433 LEE STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1433 LEE STREET
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 06-1653402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MODAS, DANIEL A
1215 SE 2ND AVE #202
FT LAUDERDALE, FL 33335 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: PD () Delete
Name: O'NEILL, ROBERT
Address: 1433 LEE STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: ROBERT O'NEILL

PD

08/30/2004

Electronic Signature of Signing Officer or Director

Date