

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114357

FILED
Apr 22, 2011
Secretary of State

Entity Name: PHARMACY REVIEW SERVICES, INC.

Current Principal Place of Business:

175 KELSEY LANE
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

175 KELSEY LANE
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 04-3722897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: CCEO
Name: AUEN, EILEEN C,CEO,D
Address: 175 KELSEY LANE
City-St-Zip: TAMPA, FL 33619 US

Title: CFO
Name: PALMER, STEVEN CFO
Address: 175 KELSEY LANE
City-St-Zip: TAMPA, FL 33619 US

Title: S,VP
Name: BENCIVENGA, JOHN S,VP
Address: 175 KELSEY LANE
City-St-Zip: TAMPA, FL 33619 US

Title: T,VP
Name: HORVILLEUR, CAMILO T,VP,D
Address: 175 KELSEY LANE
City-St-Zip: TAMPA, FL 33619

Title: VP,D
Name: ROSEN, RICK VP,D
Address: 175 KELSEY LANE
City-St-Zip: TAMPA, FL 33619

Title: AS,V
Name: WOLFSON, ROB AS,VP,D
Address: 175 KELSEY LANE
City-St-Zip: TAMPA, FL 33619

I hereby 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 all other like empowered.

SIGNATURE: JOHN BENCIVENGA

S,VP

04/22/2011

Electronic Signature of Signing Officer or Director

Date