

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121719

FILED
Apr 10, 2008
Secretary of State

Entity Name: FLORIDA PHARMACY CONSULTING COMPANY

Current Principal Place of Business:

4073 SE FAIRWAY E
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

PO BOX 458
PORT SALERNO, FL 34992

New Mailing Address:

FEI Number: 37-1453426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIKORA, MONICA
4073 SE FAIRWAY E
STUART, FL 34997 US

Name and Address of New Registered Agent:

TURNBLACER, MONICA
4073 SE FAIRWAY E
STUART, FL 34997 US

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: MONICA TURNBLACER

04/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIKORA, MONICA
Address: 4073 SE FAIRWAY E
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: TURNBLACER, M
Address: 4073 SE FAIRWAY E
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TURNBLACER, MONICA
Address: 4073 SE FAIRWAY E
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MONICA TURNBLACER

DR

04/10/2008

Electronic Signature of Signing Officer or Director

Date