

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054100

FILED  
Feb 26, 2004  
Secretary of State

Entity Name: ENGLEWOOD SPECIALTY PHARMACY, INC.

## Current Principal Place of Business:

2800 PLACIDA ROAD, STE 116A  
ENGLEWOOD, FL 34224

## New Principal Place of Business:

2800 PLACIDA ROAD, STE 116B  
ENGLEWOOD, FL 34224

## Current Mailing Address:

189 FAIRWAY ROAD  
ROTAONDA WEST, FL 33947

## New Mailing Address:

2800 PLACIDA ROAD, STE 116 B  
ENGLEWOOD, FL 34224

FEI Number: 56-2352979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARKOSEWICH, KEVIN  
25977 SE AYSEN DRIVE  
PUNTA GORDA, FL 33983 US

## Name and Address of New Registered Agent:

PARKOSEWICH, KEVIN  
120 DOWLING AVE.  
PORT CHARLOTTE, FL 33952 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: \_\_\_\_\_

02/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: PARKOSEWICH, KEVIN  
Address: 25977 SE AYSEN DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: VSD ( ) Delete  
Name: RICE, ROBERT J  
Address: 189 FAIRWAY ROAD  
City-St-Zip: ROTONDA WEST, FL 33947

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: PARKOSEWICH, KEVIN J  
Address: 120 DOWLING AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: KEVIN PARKOSEWICH

PTD

02/26/2004

Electronic Signature of Signing Officer or Director

Date