

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000054100

**FILED**  
**Dec 06, 2005**  
**Secretary of State**

**Entity Name:** ENGLEWOOD SPECIALTY PHARMACY, INC.

**Current Principal Place of Business:**

2800 PLACIDA ROAD, STE 116B  
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

**Current Mailing Address:**

2800 PLACIDA ROAD, STE 116 B  
ENGLEWOOD, FL 34224

**New Mailing Address:**

**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  
120 DOWLING AVE.  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

FARRIS, DANIEL  
4087 LACOSTA ISLAND CT.  
PUNT GORDA, FL 33950 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: DANIEL FARRIS

12/06/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: V (X) Delete  
Name: FARRIS, DANIEL  
Address: 4087 LACOSTA ISLAND CT  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: FARRIS, DANIEL  
Address: 4087 LACOSTA ISLAND CT.  
City-St-Zip: PUNTA GORDA, FL 33950 US

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

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: DANIEL FARRIS

P

12/06/2005

Electronic Signature of Signing Officer or Director

Date