# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 11, 2005**
**Secretary of State**

DOCUMENT# P03000063173

**Entity Name:** MORDWINKIN PHARMACY SERVICES, P.A.

**Current Principal Place of Business:**

2451 S.W. 79TH AVENUE
APT. G-106
DAVIE, FL 33324 US

**New Principal Place of Business:**

12440 NW 15TH STREET
#3308
SUNRISE, FL 33323 US

**Current Mailing Address:**

2451 S.W. 79TH AVENUE
APT. G-106
DAVIE, FL 33324 US

**New Mailing Address:**

12440 NW 15TH STREET
#3308
SUNRISE, FL 33323 US

**FEI Number: 56-2371395** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 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: PRES ( ) Delete
Name: MORDWINKIN, NICHOLAS
Address: 2451 S.W. 79TH AVENUE, APT. G-106
City-St-Zip: DAVIE, FL 33324 US

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

Title: PRES (X) Change ( ) Addition
Name: MORDWINKIN, NICHOLAS M DR.
Address: 12440 NW 15TH STREET #3308
City-St-Zip: SUNRISE, FL 33323 US

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: DR. NICHOLAS M. MORDWINKIN PRES 01/11/2005

Electronic Signature of Signing Officer or Director Date