

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90064 017 ***150.00

DOCUMENT # P03000069518

1. Entity Name
PHARMACY CONSULTANT AND PROFESSIONALS, INC.



Principal Place of Business
633 NORTH WEST 22ND STREET
WILTON MANORS, FL 33311

Mailing Address
633 NORTH WEST 22ND STREET
WILTON MANORS, FL 33311

94053934



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1628 NE 8th STREET

Suite, Apt. #, etc.
P.O. BOX 23008

04112004 Chg:P CR2E034(10/03)

City & State
FT. LAUDERDALE, FLORIDA

City & State
FT. LAUDERDALE, FLORIDA

4. FEI Number
36-4535806

☒ Applied For
☐ Not Applicable

Zip
33304

Country
USA

Zip
33307

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRIER, JOHN F
633 NORTH WEST 22ND STREET
WILTON MANORS, FL 33311

7. Name and Address of New Registered Agent

Name
CARRIER, JOHN F.

Street Address (P.O. Box Number is Not Acceptable)

1628 NE 8th STREET

City
FT. LAUDERDALE

FL

Zip Code
33304

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John F. Carrier
Signature, typed or printed name of registered agent and title if applicable.

JOHN F. CARRIER 4-12-04
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CARRIER, JOHN F
633 NORTH WEST 22ND STREET
WILTON MANORS, FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
CARRIER, JOHN F.
1628 NE 8th STREET
FT. LAUDERDALE, FLORIDA 33304 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John F. Carrier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. CARRIER 4/12/04

Date

(954) 579-9940
Daytime Phone #