

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90086 010 ***150.00

DOCUMENT # P03000075232

1. Entity Name
PHARM DISCOUNTS, INC.



Principal Place of Business

**87 E. PROSPECT RD. 1220 RIVERLAND RD
FORT LAUDERDALE, FL 33334 SUITE 220
33312**

Mailing Address

**2531 FLAMINGO LANE 1220 RIVERLAND RD
FT. LAUDERDALE, FL 33312 33312**

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
27-0063168

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KENNEDY, MELINDA B
2531 FLAMINGO LANE 2360 SW 15th ST
FT. LAUDERDALE, FL 33312**

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IN THIS SPACE**

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

Melinda B Kennedy, Pres (Reg Agent)

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

(NOTE: Registered Agent signature required when reinstating)

2/21/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**PTD
KENNEDY, MELINDA B
87 E. PROSPECT RD. 1220 RIVERLAND RD. #220
FORT LAUDERDALE, FL 33334 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
KENNEDY, MELINDA A
87 E. PROSPECT RD. 1220 RIVERLAND RD #220
FORT LAUDERDALE, FL 33334 33312**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Melinda B Kennedy, Pres **MELINDA B. KENNEDY** *1/21/05* **954-581-5503**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Pres.