## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000109751

City-St-Zip:

WINDERMERE, FL 34786

Entity Name: PRESCRIPTION MEDICATION SUPPLY CENTER, INC.

FILED Mar 01, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 600 FAIRWAY DR. 103B DEERFIELD BEACH, FL 33441 **New Mailing Address: Current Mailing Address:** 600 FAIRWAY DR. 103B DEERFIELD BEACH, FL 33441 FEI Number: 57-1190430 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, RUSSELL A 1401 EAST BROWARD BOULEVARD SUITE 300 FORT LAUDERDALE, FL 33301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition FELD, DOROTHY Name: Name: 600 FAIRWAY DR. SRE 103B Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: FELD. MICHAEL Name: 600 FAIRWAY DR. STE 103B Address: Address: DEERFIELD BEACH, FL 33441 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition FELD, RICHARD Name: Name: 2838 ABBEY MANOR CIRCLE Address: Address: City-St-Zip: BROOKEVILLE, MD 20833 City-St-Zip: Title: ( ) Delete Title: () Change () Addition FELD, JEFFREY Name: Name: Address: 1413 KELSO BLVD. Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: DOROTHY FELD PRES 03/01/2007