

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000020953

FILED
Feb 12, 2007
Secretary of State

Entity Name: DISPENSING PHYSICIAN CONSULTANTS, INC.

Current Principal Place of Business:

7637 HOLLINGTON PLACE
LAKE WORTH, FL 33467 US

New Principal Place of Business:

4900 LINTON BOULEVARD
NOS. 21-22
DELRAY BEACH, FL 33445 US

Current Mailing Address:

7637 HOLLINGTON PLACE
LAKE WORTH, FL 33467 US

New Mailing Address:

4900 LINTON BOULEVARD
NOS. 21-22
DELRAY BEACH, FL 33445 US

FEI Number: 16-1693003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDBERG, IRA
7637 HOLLINGTON PLACE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

JOSEPH, JERRY
100 GOLDEN ISLES DRIVE
STE. 1204
HALLANDALE BEACH, FL 33009 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: JERRY JOSEPH

02/12/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DROGARIS, GEORGE
Address: 1796 CLOVE ROAD
City-St-Zip: STATEN ISLAND, NY 10304

Title: T (X) Delete
Name: GOLAN, RUSS
Address: 5 AVON COURT
City-St-Zip: DIX HILLS, NY 11746

Title: P (X) Delete
Name: FRIEDBERG, IRA
Address: 7637 HOLLINGTON PLACE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change () Addition
Name: DROGARIS, GEORGE
Address: 1796 CLOVE ROAD
City-St-Zip: STATEN ISLAND, NY 10304

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 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.

SIGNATURE: GEORGE DROGARIS

P,T

02/12/2007

Electronic Signature of Signing Officer or Director

Date