

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000020953

FILED  
Jun 25, 2007  
Secretary of State

Entity Name: DISPENSING PHYSICIAN CONSULTANTS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 16-1693003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## OFFICERS AND DIRECTORS:

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: PANAGAKOS, PROKOPOIS  
Address: 1796 CLOVE ROAD  
City-St-Zip: STATEN ISLAND, NY 10304

Title: VP ( ) Change (X) Addition  
Name: DEMARTINO, JOHN  
Address: 1796 CLOVE ROAD  
City-St-Zip: STATEN ISLAND, NY 10304

I hereby certify that the information supplied with this filing does not qualify 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

06/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date