## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000022341

Entity Name: PRESCRIPTION SHOPPES LONG TERM CARE, INC

FILED Jan 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

203 HERRELL RD 14032 CHICORA CROSSING BLVD WINTER SPRINGS, FL 32708

ORLANDO, FL 32828

**Current Mailing Address: New Mailing Address:** 

14032 CHICORA CROSSING BLVD 203 HERRELL RD

WINTER SPRINGS, FL 32708 ORLANDO, FL 32828

FEI Number: 20-0666467 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

AMIN, SAMIR V

AMIN, SAMIR V 203 HERRELL RD 14032 CHICORA CROSSING BLVD WINTER SPRINGS, FL 32708 US ORLANDO, FL 32828

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: 01/29/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

in the State of Florida.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition () Delete Title:

AMIN, SAMIR V Name: Name: AMIN, SAMIR V

203 HERRELL RD Address: 14032 CHICORA CROSSING BLVD Address:

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: ORLANDO, FL 32828

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: MARLIN RIVERA-PEREZ **OFFI** 01/29/2008

Electronic Signature of Signing Officer or Director

Date