

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058837

Entity Name: PHARMACARD GROUP INC.

FILED  
Sep 06, 2005  
Secretary of State

## Current Principal Place of Business:

610 W WATERS AVE  
TAMPA, FL 33604

## New Principal Place of Business:

3104 W WATERS AVE  
205  
TAMPA, FL 33614

## Current Mailing Address:

610 W WATERS AVE  
TAMPA, FL 33604

## New Mailing Address:

3104 W WATERS AVE  
205  
TAMPA, FL 33614

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, JORGE  
610 W WATERS AVE  
TAMPA, FL 33604 US

## Name and Address of New Registered Agent:

TSOKOS, PETER M CEO  
3104 W WATERS AVE  
205  
TAMPA, FL 33614 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: PETER M. TSOKOS

09/06/2005

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: D ( ) Delete  
Name: GONZALEZ, JORGE  
Address: 610 W WATERS AVE  
City-St-Zip: TAMPA, FL 33604

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: GONZALEZ, JORGE VP  
Address: 3104 W WATERS AVE  
City-St-Zip: TAMPA, FL 33614

Title: CEO ( ) Change (X) Addition  
Name: TSOKOS, PETER M CEO  
Address: 3104 W WATERS AVE.  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER M. TSOKOS

CEO

09/06/2005

Electronic Signature of Signing Officer or Director

Date