2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 10, 2005
Secretary of State

DOCUMENT# P04000077928

Entity Name: PHARMACY CONSULTING SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

4895 WINDWARD PASSAGE DR
#5
BOYNTON BCH, FL 33436

New Principal Place of Business:

12421 LAKERIDGE FALLS DR
BOYNTON BCH, FL 33437 US

Current Mailing Address:

4895 WINDWARD PASSAGE DR
#5
BOYNTON BCH, FL 33436

New Mailing Address:

12421 LAKERIDGE FALLS DR
BOYNTON BCH, FL 33437 US

FEI Number: 20-1118156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDMAN, STANLEY
12421 LAKERIDGE FALLS DR
BOYNTON BCH, FL 33437 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: STANLEY FRIEDMAN
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: P ( ) Delete
Name: FRIEDMAN, STANLEY
Address: 12421 LAKERIDGE FALLS DR
City-St-Zip: BOYNTON BCH, FL 33437

Title: V (X) Delete
Name: TYSEN, MARIQUIFA
Address: 5201 BRIAN BLVD
City-St-Zip: BOYNTON BCH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: STANLEY FRIEDMAN P 11/10/2005
Electronic Signature of Signing Officer or Director Date