2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114736

Entity Name: MEDICATION MANAGEMENT SERVICES, P.A.

FILED May 26, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	OTO ROAD A, FL 34234				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
8044 DESOTO WOODS DRIVE SARASOTA, FL 34243			2443 DESOTO ROAD SARASOTA, FL 34234	2443 DESOTO ROAD SARASOTA, FL 34234	
FEI Number:	: 57-1213456	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	I Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1217 CAPI	NTIAL SERVIC E CORAL PKV RAL, FL 3390				
	named entity : e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			gent	Date	
		3(2)(b), F.S., the corporation did n	not receive the prior notice.		
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () CHAMBERS, H 2443 DESOTO SARASOTA, FL	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: HOWARD N CHAMBERS D 05/26/2009