

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000150270

FILED  
Nov 23, 2009  
Secretary of State

Entity Name: PHARMACY PROS CORPORATION

## Current Principal Place of Business:

15949 NORTH FLORIDA AVENUE  
LUTZ, FL 33549 US

## New Principal Place of Business:

110 WHITAKER RD  
LUTZ, FL 33549 US

## Current Mailing Address:

15949 NORTH FLORIDA AVENUE  
LUTZ, FL 33549 US

## New Mailing Address:

110 WHITAKER RD  
LUTZ, FL 33549 US

FEI Number: 20-1830991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARR, LISA  
15949 NORTH FLORIDA AVENUE  
PLANT CITY, FL 33028 US

## Name and Address of New Registered Agent:

COOK, LISA  
110 WHITAKER RD  
LUTZ, FL 33549 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: LISA COOK

11/23/2009

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: RODRIGUEZ, CRYSTAL  
Address: 16560 NW16TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP ( ) Delete  
Name: CARR, LISA  
Address: 5302 KESTREL VIEW CT  
City-St-Zip: PLANT CITY, FL 33565 US

Title: VP ( ) Delete  
Name: PASCHALL, BEVERLY  
Address: 207 DENNISON RD  
City-St-Zip: LUTZ, FL 33548 US

Title: TRES ( ) Delete  
Name: RODRIGUEZ, SERGIO  
Address: 16560 NW16TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: COOK, LISA  
Address: 5302 KESTREL VIEW CT  
City-St-Zip: PLANT CITY, FL 33565 US

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 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: SERGIO RODRIGUEZ

CFO

11/23/2009

Electronic Signature of Signing Officer or Director

Date