

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

04-27-2006 90157 012 ***150.00

DOCUMENT # P05000041732 1. Entity Name PHARMACY CARE SOLUTIONS, INC.					
Principal Place of Business 830 OHIO AVENUE LYNN HAVEN, FL 32444			Mailing Address 830 OHIO AVENUE LYNN HAVEN, FL 32444		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-2557525				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLINS, DEANN 830 OHIO AVENUE LYNN HAVEN, FL 32444			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLINS, DEANN 830 OHIO AVENUE LYNN HAVEN, FL 32444 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLINS, KENNETH 830 OHIO AVENUE LYNN HAVEN, FL 32444 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 appointed in regard to this corporation as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with this filing.					
SIGNATURE: _____ <i>Deann Mullins</i> 4/22/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

830 OHIO Ave.
Lynn Haven, FL 32444