2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041732

FILED
Apr 20, 2011
Secretary of State

Entity Name: PHARMACY CARE SOLUTIONS, INC.

Current Principal Place of Business:

830 OHIO AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

830 OHIO AVENUE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 20-2557525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULLINS, DEANN
830 OHIO AVENUE
LYNN HAVEN, FL 32444 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: ______________________________
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MULLINS, DEANN
Address: 830 OHION AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP
Name: MULLINS, KENNETH
Address: 830 OHION AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

I hereby 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 all other like empowered.

SIGNATURE: KEN M MULLINS VP 04/20/2011
Electronic Signature of Signing Officer or Director Date