

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063330

**FILED**  
**Jan 07, 2009**  
**Secretary of State**

**Entity Name:** HEALTHCARE CONSULTANTS PHARMACY BUSINESS SOLUTIONS, INC.

**Current Principal Place of Business:**

181 SABAL PALM DRIVE, SUITE 101  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

181 SABAL PALM DRIVE, SUITE 101  
LONGWOOD, FL 32779

**New Mailing Address:**

PO BOX 915726  
LONGWOOD, FL 32791

**FEI Number:** 20-2814436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, ROBERT S  
181 SABAL PALM DRIVE, SUITE 101  
LONGWOOD, FL 32779 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MILLER, ROBERT S  
Address: POB 915726  
City-St-Zip: LONGWOOD, FL 32791

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MILLER, ROBERT S  
Address: PO BOX 915726  
City-St-Zip: LONGWOOD, FL 32791

Title: VP ( ) Change (X) Addition  
Name: PEDALINO, DEAN  
Address: PO BOX 915726  
City-St-Zip: LONGWOOD, FL 32791

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:** ROBERT S MILLER

P

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date