## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000124790

FILED Mar 20, 2008 Secretary of State

Entity Nar	ne: PHARMA	ACY MEDICAL SERVICES, II	NC.		
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
SUITE D-E	OTH AVENUE E ON, FL 3331				
Current M	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
SUITE D	ES BOULEVA (E PINES, FL				
FEI Number:	20-3474829	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SUITE 601	NIVERSITY DI	RIVE	GOLDBERG, MARK 4780 DAVIE ROAD SUITE 101 DAVIE, FL 33314 US		
	named entity e of Florida.	submits this statement for the	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				03/20/2008	
	Electro	nic Signature of Registered A	gent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BASTO, JUAN 10081 PINES	) Delete BOULEVARD, SUITE D IES, FL 33024	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BASTO, JORG 10081 PINES	) Delete E BOULEVARD, SUITE D INES, FL 33024	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: JUAN BASTO Ρ 03/20/2008