

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124790

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** PHARMACY MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

201 NW 70TH AVENUE  
SUITE D-E  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

10081 PINES BOULEVARD  
SUITE D  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

201 NW 70TH AVENUE  
SUITE D-E  
PLANTATION, FL 33317

**FEI Number:** 20-3474829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAW, PENNY R P.A.  
4780 DAVIE ROAD  
SUITE 101  
DAVIE, FL 33314 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: P  
Name: BASTO, JUAN  
Address: 10081 PINES BOULEVARD, SUITE D  
City-St-Zip: PEMBOKE PINES, FL 33024

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: JUAN BASTO

P

02/17/2011

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

\_\_\_\_\_ Date