2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000135298

Entity Name: FLORIDA SOLUTIONS PHARMACY INC

FILED Apr 11, 2007 Secretary of State

	iiei i Eorribi	TOOLOTION THAT WE ARE THE	0		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8400 NW 7 MIAMI, FL					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
8400 NW 1 MIAMI, FL					
FEI Number:	90-0250874	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:	
CHICO, JC 8400 NW 1 MIAMI, FL	170 TER				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: JOSE CH	IICO			
	Electror	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CHICO, JOSE 8400 NW 170 T MIAMI, FL 330		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () DELGADO, EU 8400 NW 170 T MIAMI, FL 330	ER	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE CHICO P 04/11/2007