

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036890

FILED
Jan 25, 2009
Secretary of State

Entity Name: CONSULTANT PHARMACIST SERVICES, INC.

Current Principal Place of Business:

541 SE WOODS EDGE TRAIL
STUART, FL 349976374

New Principal Place of Business:

541 SE WOODS EDGE TRAIL
STUART, FL 349976374 US

Current Mailing Address:

541 SE WOODS EDGE TRAIL
STUART, FL 349976374

New Mailing Address:

541 SE WOODS EDGE TRAIL
STUART, FL 349976374 US

FEI Number: 20-4486123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CICCONE, JOSEPH A
541 SE WOODS EDGE TRL
STUART, FL 34997 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: PSD () Delete
Name: CICCONE, JOSEPH A
Address: 541 SE WOODS EDGE TRL
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH CICCONE

PRES

01/25/2009

Electronic Signature of Signing Officer or Director

Date