

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000038099

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

**Entity Name:** TREASURE COAST SPECIALTY PHARMACY, INC.

**Current Principal Place of Business:**

1114 NE JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957 US

**New Principal Place of Business:**

**Current Mailing Address:**

1114 NE JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957 US

**New Mailing Address:**

**FEI Number:** 20-4531167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIACHINO, FERNANDO M  
17 MARTIN LUTHER KING JR.  
SUITE 200  
STUART, FL 34994 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:** D,PS  
**Name:** DELTORO, PETER  
**Address:** 716 SW SQUIRE JOHNS LANE  
**City-St-Zip:** PALM CITY, FL 34990 US

**Title:** D,VP  
**Name:** DELTORO, RICHARD R  
**Address:** 739 NE EMERSON STREET  
**City-St-Zip:** PORT ST. LUCIE, FL 34983 US

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:** RICHARD DELTORO

D,VP

03/17/2011

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

\_\_\_\_\_  
Date