2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# P06000093741

Entity Name: PROFESSIONAL PHARMACY SERVICES OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

146 INLET DRIVE
ST AUGUSTINE, FL 320803881

New Principal Place of Business:

Current Mailing Address:

146 INLET DRIVE
ST AUGUSTINE, FL 320803881

New Mailing Address:

FEI Number: 62-1343937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IVAN, MICHAEL J JR.
ONE INDEPENDENT DRIVE
SUITE 3131
JACKSONVILLE, FL 32202 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: PTD
Name: COLEMAN, JAMES H III
Address: 146 INLET DRIVE
City-St-Zip: ST AUGUSTINE, FL 320803881

Title: SD
Name: COLEMAN, CANDACE H
Address: 146 INLET DRIVE
City-St-Zip: ST AUGUSTINE, FL 320803881

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: JAMES H. COLEMAN PTD 01/10/2011

Electronic Signature of Signing Officer or Director — Date