

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000093741

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**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

PRES

01/08/2012

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

\_\_\_\_\_  
Date