2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# P06000114335

Entity Name: SOUTHPOINT PHARMACY SERVICES, INC.

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 1702
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 1702
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 20-5487816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NASSIROU, NELLIE
5587 GLASGOW HILLS LN
JACKSONVILLE, FL 32258 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: PSTD ( ) Delete
Name: NASSIROU, NELLIE
Address: 5587 GLASGOW HILLS LN
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VD ( ) Delete
Name: NASSIROU, MAHMOUD
Address: 5587 GLASGOW HILLS LN
City-St-Zip: JACKSONVILLE, FL 32258 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: NELLIE B NASSIROU PSTD 01/28/2009
Electronic Signature of Signing Officer or Director Date