

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132240

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: MEDICAL ARTS PHARMACY SERVICES, INC.

**Current Principal Place of Business:**

10412 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

10412 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BUCIERKA, JOYCE E  
10412 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 US

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

LANCELOT, JAMES  
10412 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 US

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: LANCELOT JAMES

04/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JAMES, LANCE  
Address: 10412 W ATLANTIC BLVD  
City-St-Zip: CORAL SPRINGS, FL 33071

**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: LANCELOT JAMES

P

04/09/2008

Electronic Signature of Signing Officer or Director

Date