

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000096116

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** RX CARE PHARMACY SERVICES, INC

**Current Principal Place of Business:**

3590 NW 54TH STREET  
SUITE 6  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3590 NW 54TH STREET  
SUITE 6  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 26-0846484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SINGER, GARY M  
4577 NOB HILL ROAD  
SUITE 206  
SUNRISE, FL 33351 US

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

R&A AGENTS INC.  
350 EAST LAS OLAS BOULEVARD  
SUITE 1150  
FORT LAUDERDALE, FL 33301 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:** DALE BERGMAN

03/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** DUBROVIN, VLADIMIR  
**Address:** 672 GRAY CIRCLE  
**City-St-Zip:** SOUTHAMPTON, PA 18966

**Title:** VP  
**Name:** KATZ, ELAN  
**Address:** 3590 NW 54TH STREET, SUITE 6  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

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:** VLADIMIR DUBROVIN

VP

03/29/2011

Electronic Signature of Signing Officer or Director

Date