

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124158

FILED
Apr 17, 2008
Secretary of State

Entity Name: PERFORMANCE PHARMACY SYSTEMS, INC.

Current Principal Place of Business:

12000 CAPRI CIRCLE SOUTH #4
TREASURE ISLAND, FL 33706

New Principal Place of Business:

12000 CAPRI CIRCLE SOUTH #4
TREASURE ISLAND, FL 33706 US

Current Mailing Address:

12000 CAPRI CIRCLE SOUTH #4
TREASURE ISLAND, FL 33706

New Mailing Address:

12000 CAPRI CIRCLE SOUTH #4
TREASURE ISLAND, FL 33706 US

FEI Number: 32-0222194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRONIN, MICHAEL T
911 CHESTNUT STREET
CLEARWATER, FL 33756 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: PD () Delete
Name: MORRILL, THOMAS S
Address: 12000 CAPRI CIRCLE SOUTH #4
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ST () Delete
Name: BALIFF, SHARON
Address: 12000 CAPRI CIRCLE SOUTH #4
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORRILL, THOMAS S
Address: 12000 CAPRI CIRCLE SOUTH #4
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: ST (X) Change () Addition
Name: BAILIFF, SHARON
Address: 12000 CAPRI CIRCLE SOUTH #4
City-St-Zip: TREASURE ISLAND, FL 33706 US

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: SHARON BAILIFF

ST

04/17/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date