

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124158

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: PERFORMANCE PHARMACY SYSTEMS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

12000 CAPRI CIRCLE S #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:

CRONIN, MICHAEL T ESQ  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 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: MICHAEL T. CRONIN, ESQ.

06/25/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 US

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition  
Name: BAILIFF, SHARON  
Address: 12000 CAPRI CIRCLE S #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: THOMAS S. MORRILL

PD

06/25/2009

Electronic Signature of Signing Officer or Director

Date