

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124158

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** PERFORMANCE PHARMACY SYSTEMS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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 ESQ  
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

**OFFICERS AND DIRECTORS:**

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

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

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: THOMAS S. MORRILL

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04/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date