

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000048588

FILED
Sep 19, 2010
Secretary of State

Entity Name: NORTH FLORIDA PHARMACEUTICAL CARE SERVICES, INCORPORATED

Current Principal Place of Business:

14470 MILLHOPPER ROAD
SUITE 8
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

14470 MILLHOPPER ROAD
SUITE 8
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 26-2654473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRAYTON, TRACI J
14470 MILLHOPPER ROAD
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

MITCHELL, TRACI J
14470 MILLHOPPER ROAD
JACKSONVILLE, FL 32258 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: TRACI J. C, MITCHELL

09/19/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MITCHELL, TRACI J
Address: 14470 MILLHOPPER ROAD
City-St-Zip: JACKSONVILLE, FL 32258 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: TRACI J. CRAYTON MITCHELL

PRES

09/19/2010

Electronic Signature of Signing Officer or Director

Date