2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079183

Entity Name: MAIL-MEDS CLINICAL PHARMACY, INC

2302 GREEN DOLPHIN CIRCLE

TARPON SPRINGS, FL 34689

Address: City-St-Zip: FILED Jan 15, 2009 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place of Business:		
	TRAL AVE, SU S, FL 33901	IITE A			
Current Mailing Address:			New Mailing Address:		
	TRAL AVE, SU S, FL 33901	IITE A			
FEI Number	: 32-0259244	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
3677 CEN FT MYERS The above	,	US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI					
SIGNATO		ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () THEOBALD, MA 2929 LONE PIN NAPLES, FL 34	E LAND	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () FITZPATRICK, 161 MENTOR D NAPLES, FL 34	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (X) MCCARTY, JR.	Delete , EUGENE W	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MARK J THEOBALD D 01/15/2009