

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000103223

FILED
Apr 28, 2009
Secretary of State

Entity Name: LIFE SPECIALTY PHARMACY, INC.

Current Principal Place of Business:

1507 PARK CENTER DRIVE
SUITE 1L
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

1507 PARK CENTER DRIVE
SUITE 1L
ORLANDO, FL 32835

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYOTUNDE, MICHAEL
1507 PARK CENTER DRIVE
SUITE 1L
ORLANDO, FL 32835 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: P () Delete
Name: AYOTUNDE, MICHAEL
Address: 7459 HIGH LAKE DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: VP () Delete
Name: AYOTUNDE, ELIZABETH
Address: 7459 HIGH LAKE DRIVE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MOA

MR.

04/28/2009

Electronic Signature of Signing Officer or Director

Date