

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000080887

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** PRONTO PHARMACY SERVICES, INC.

**Current Principal Place of Business:**

2432 SW 115 AVE.  
MIAMI, FL 33182 US

**New Principal Place of Business:**

10521 SW 40 ST  
MIAMI, FL 33165 US

**Current Mailing Address:**

10721 SW 40 ST  
MIAMI, FL 33165

**New Mailing Address:**

10521 SW 40 ST  
MIAMI, FL 33165

**FEI Number:** 80-0755513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIAZ, ALFREDO  
10521 SW 40 STREET  
MIAMI, FL 33165 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: PSTD  
Name: DIAZ, ALFREDO  
Address: 10521 SW 40 STREET  
City-St-Zip: MIAMI, FL 33165 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: ALFREDO DIAZ

PSTD

04/02/2012

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

\_\_\_\_\_  
Date