

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000072610

FILED
Oct 13, 2014
Secretary of State

Entity Name: FLORIDA PHARMACY SOLUTIONS INC.

Current Principal Place of Business:

13933 17TH STREET
STE 300
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

13933 17TH STREET
STE 300
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 46-0840464 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOSS, JAMES W
6205 THOMAS DR., UNIT E5
PANAMA CITY BEACH, FL 33544 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: JAMES W. MOSS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: MOSS, JAMES W
Address: 6205 THOMAS DRIVE, UNIT E5
City-St-Zip: PANAMA CITY BEACH, FL 33544

Title: P
Name: FLADD, LINDSAY A
Address: 27729 KIRKWOOD DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VP
Name: MOSS, CAREY
Address: 19469 CR 460
City-St-Zip: MOULTON, AL 35650

Title: S
Name: COPELAND, DAVID A
Address: 4242 RABBIT POND RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: S
Name: RIDENOUR, SHIRLEY
Address: 9912 CHALET CIRCLE
City-St-Zip: BRADENTON, FL 34211

Title: S
Name: CHOATE, KIMBERLY
Address: 7308 DESERT RIDGE GLEN
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: JAMES W. MOSS

Electronic Signature of Signing Officer or Director

CEO

10/13/2014

Date