

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052703

FILED
Mar 17, 2009
Secretary of State

Entity Name: PHARMAMED SERVICES GROUP, INC.

Current Principal Place of Business:

2853 EXECUTIVE PARK DR
SUITE 202
WESTON, FL 33331

New Principal Place of Business:

2853 EXECUTIVE PARK DR
SUITE 102
WESTON, FL 33331

Current Mailing Address:

PO BOX 266366
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0592563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, BLANCA
2853 EXECUTIVE PARK DR
SUITE 202
WESTON, FL 33331 US

Name and Address of New Registered Agent:

GARCIA, BLANCA
2853 EXECUTIVE PARK DR
SUITE 102
WESTON, FL 33331 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:

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FINOL, MARIANA
Address: 2853 EXECUTIVE PARK DRIVE #202
City-St-Zip: WESTON, FL 33331

Title: VPS () Delete
Name: GARCIA, BLANCA
Address: 2853 EXECUTIVE PARK DR, STE 202
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FINOL, MARIANA
Address: 2853 EXECUTIVE PARK DRIVE # 102
City-St-Zip: WESTON, FL 33331

Title: VPS (X) Change () Addition
Name: GARCIA, BLANCA
Address: 2853 EXECUTIVE PARK DR, STE # 102
City-St-Zip: WESTON, FL 33331

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: MARIANA FINOL

DP

03/17/2009

Electronic Signature of Signing Officer or Director

Date