2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000071296

City-St-Zip: MERRITT ISLAND, FL 32952

Entity Name: SPECIALTY PHARMACY SERVICES, INC.

FILED Jul 07, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	LBOUNRE AVE RNE, FL 32901				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	LBOUNRE AVE RNE, FL 32901				
FEI Number:	: 59-3400186	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
1900 S HIĆ MELBOUF The above	JAMES H CKORY STREE RNE, FL 32901 named entity see of Florida.	US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUF					
01014/1101		ic Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SWITZLER, THO 7055 S. TROPIC MERRITT ISLAN	CAL TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () SWITZLER, BAF 7055 S. TROPIO		Title: Name: Address:	() Change () Addition	

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: THOMAS SWITZLER D 07/07/2008