

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90218 046 ***150.00

DOCUMENT # P96000075474					
1. Entity Name CONSOLIDATED PHARMACY SERVICES, INC.					
Principal Place of Business 1800 BARRS STREET JACKSONVILLE, FL 32204			Mailing Address C/O LAURIE S TEPPERT 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3398033	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEPPERT, LAURIE S 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP MAHER, JOHN J 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DV WHALEN, SCOTT 1800 BARRS ST JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DST CORRIGAN, JAMES M 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DV PERRY, KENNETH C 1801 BARRS STREET JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	AS SINCLAIR, DONNA 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DST CURRAN, DANIEL 1801 BARRS ST, SUITE 600 JACKSONVILLE, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DV MORTENSEN, MARGARET 1800 BARRS ST JACKSONVILLE, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: JOHN MAHER 4-25-07 904-308-4002					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					