


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90031 008 ***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 # 1 Shircliff Way		3. Mailing Address <i>to Laurie Teppert</i> 2 Shircliff Way																																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 600																																													
City & State Jacksonville, FL		City & State Jacksonville FL		4. FEI Number 59-3398033																																											
Zip 32204		Country US		Applied For <input type="checkbox"/> Not Applicable																																											
Zip 32204		Country US		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 Laurie S. Teppert Street Address (P.O. Box Number is Not Acceptable) 2 Shircliff Way Suite 600 City Jacksonville FL Zip Code 32204																																											
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 <i>Laurie Teppert</i> 3/11/08 DATE <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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: <i>Laurie Teppert</i> 3/11/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															

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