

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058020

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** JEROME ZABLE PHARMACIST-CONSULTANT SERVICES, INC.

**Current Principal Place of Business:**

313 JENNIE JEWEL DRIVE  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

313 JENNIE JEWEL DRIVE  
NONE  
ORLANDO, FL 32806 US

**Current Mailing Address:**

313 JENNIE JEWEL DRIVE  
ORLANDO, FL 32806 US

**New Mailing Address:**

FEI Number: 59-3457651      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZABLE, JEROME E  
313 JENNIE JEWEL DR.  
ORLANDO, FL 32806 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: ZABLE, JEROME E  
Address: 313 JENNIE JEWEL DR.  
City-St-Zip: ORLANDO, FL 32806 84

Title: VP  
Name: ZABLE, JEROME E  
Address: 313 JENNIE JEWEL DR.  
City-St-Zip: ORLANDO, FL 32806 84

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: JEROME E ZABLE

PRES

04/28/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date