

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015856

FILED
Apr 22, 2005
Secretary of State

Entity Name: PHARMACY SPECIALISTS OF AMERICA, INC.

Current Principal Place of Business:

650 MAITLAND SVE
ALTAMONTE SPR, FL 32701

New Principal Place of Business:

393 MAITLAND SVE
ALTAMONTE SPR, FL 32701

Current Mailing Address:

650 MAITLAND SVE
ALTAMONTE SPR, FL 32701

New Mailing Address:

393 MAITLAND SVE
ALTAMONTE SPR, FL 32701

FEI Number: 59-3532302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKS, J.W. ESQ.
520 CROWN OAK CENTRE DR.
LONGWOOD, FL 32750 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: 106 PRATT, SAM
Address: 106 MARKHAM CT
City-St-Zip: LONGWOOD, FL 32779

Title: VT () Delete
Name: PRATT, MARY S
Address: 106 MARKHAM CT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAM PRATT

PRES

04/22/2005

Electronic Signature of Signing Officer or Director

Date