

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90200 038 ***150.00

DOCUMENT # P98000038482

1. Entity Name

HEALTHNET PHARMACY SERVICES, INC.



Principal Place of Business

1550 WEST 84 AVENUE
HIALEAH FL 33014

Mailing Address

3400 CORAL WAY
600
MIAMI FL 33145-3053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0842465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORENO, MIGUEL
1550 WEST 84 AVENUE
HIALEAH FL 33014

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MORENO, MIGUEL A	
STREET ADDRESS	1550 WEST 84 STREET	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERAZA, NIURIS	
STREET ADDRESS	1550 WEST 84 STREET	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, YVONE	
STREET ADDRESS	1550 WEST 84 STREET	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MORENO, NORMA	
STREET ADDRESS	1550 WEST 84 STREET	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/06 (3-5) 446 2015