

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038482

FILED
Apr 17, 2009
Secretary of State

Entity Name: HEALTHNET PHARMACY SERVICES, INC.

Current Principal Place of Business:

1550 WEST 84 AVENUE
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

3400 CORAL WAY
600
MIAMI, FL 331453053

New Mailing Address:

3128 CORAL WAY
MIAMI, FL 331453210

FEI Number: 65-0842465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, MIGUEL
1550 WEST 84 AVENUE
HIALEAH, FL 33014 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: DP () Delete
Name: MORENO, MIGUEL A
Address: 1550 WEST 84 STREET
City-St-Zip: HIALEAH, FL 33014

Title: S () Delete
Name: PERAZA, NIURIS
Address: 1550 WEST 84 STREET
City-St-Zip: HIALEAH, FL 33014

Title: VP () Delete
Name: GARCIA, YVONE
Address: 1550 WEST 84 STREET
City-St-Zip: HIALEAH, FL 33014

Title: DT () Delete
Name: MORENO, NORMA
Address: 1550 WEST 84 STREET
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: MIGUEL MORENO

DP

04/17/2009

Electronic Signature of Signing Officer or Director

Date