

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038728

FILED
Jan 08, 2008
Secretary of State

Entity Name: PHARMACEUTICAL CARE CONSULTANTS OF FLORIDA, INC.

Current Principal Place of Business:

21000 BOCA RIO ROAD
A11
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

21000 BOCA RIO ROAD
A11
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0837349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENZ, HENRY A
22640 SW 8TH CT
BOCA RATON, FL 33433 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: PD () Delete
Name: LENZ, HENRY A
Address: 22640 SW 8TH CT
City-St-Zip: BOCA RATON, FL 33433 US

Title: SEC () Delete
Name: LENZ, CYNTHIA M
Address: 22640 SW 8 COURT
City-St-Zip: BOCA RATON, FL 33433 US

Title: VP () Delete
Name: GIORDANO, PHIL
Address: 2445 NE 27 ST
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: TRES () Delete
Name: GIORDANO, THERESA
Address: 2445 NE 27 ST
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

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: THERESA GIORDANO

TRES

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date