

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038728

FILED  
Mar 24, 2009  
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:

21000 BOCA RIO ROAD  
A29  
BOCA RATON, FL 33433

## Current Mailing Address:

21000 BOCA RIO ROAD  
A11  
BOCA RATON, FL 33433

## New Mailing Address:

21000 BOCA RIO ROAD  
A29  
BOCA RATON, FL 33433

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:

LENZ, HENRY A  
1401 N. RIVERSIDE DR.  
POMPANO BEACH, FL 33062 US

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:

03/24/2009

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: PD (X) Change ( ) Addition  
Name: LENZ, HENRY A  
Address: 1401 N. RIVERSIDE DR  
City-St-Zip: POMPANO, FL 33062 US

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

03/24/2009

Electronic Signature of Signing Officer or Director

Date