

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046315

FILED  
Jul 06, 2004  
Secretary of State

Entity Name: MEDISTAT PHARMACY SERVICES, INC.

## Current Principal Place of Business:

955 SHOTGUN RD  
FORT LAUDERDALE, FL 33326 US

## New Principal Place of Business:

## Current Mailing Address:

955 SHOTGUN RD  
FORT LAUDERDALE, FL 33326 US

## New Mailing Address:

FEI Number: 65-0841742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAYA, DAVID R  
955 SHOTGUN RD  
SUNRISE, FL 33326

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAYA, DAVID R  
Address: 1532 VICTORA ISLE WAY  
City-St-Zip: WESTON, FL 33327

Title: T (X) Delete  
Name: LEVY, SIDNEY  
Address: 577 OCEAN BLVD  
City-St-Zip: GOLDEN BEACH, FL

Title: CFOS ( ) Delete  
Name: GREENBERG, BRUCE  
Address: 955 SHOTGUN RD  
City-St-Zip: SUNRISE, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change ( ) Addition  
Name: MAYA, DAVID R  
Address: 1532 VICTORA ISLE WAY  
City-St-Zip: WESTON, FL 33327

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: DAVID MAYA

PRES

07/06/2004

Electronic Signature of Signing Officer or Director

Date