

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90076 024 ***150.00

DOCUMENT # P99000023999

1. Entity Name
PDI PHARMACY SERVICES, INC.



Principal Place of Business
4722 NW 2ND AVE. 6405 CONGRESS AVE.
STE. 140
BOCA RATON, FL 33431 33487

Mailing Address
4722 NW 2ND AVE. 6405 CONGRESS AVE.
STE. 140
BOCA RATON, FL 33431 33487

61000577



DO NOT WRITE IN THIS SPACE

01082004 -- No Chg-P CR2E034 (10/03)

4. FEI Number
65-0902543

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GRABER, NORBERT
4722 NW 2ND AVE. 6405 CONGRESS AVE, #140
BOCA RATON, FL 33431 33487

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRABER, NORBERT
STREET ADDRESS	7138 MARIANA COURT
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	ABADY, SALVADOR
STREET ADDRESS	22262 HOLLYHOCK TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #

1-14-04

561-9889229