

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P12000072610

Entity Name: FLORIDA PHARMACY SOLUTIONS INC.

Current Principal Place of Business:

13933 17TH STREET
STE 300
DADE CITY, FL 33525

Current Mailing Address:

13933 17TH STREET
STE 300
DADE CITY, FL 33525

FEI Number: 46-0840464

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MOSS, JAMES W
6205 THOMAS DR., UNIT E5
PANAMA CITY BEACH, FL 33544 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CEO, PRESIDENT
Name MOSS, JAMES W
Address 6205 THOMAS DRIVE, UNIT E5
City-State-Zip: PANAMA CITY BEACH FL 33544

Title VP
Name MOSS, CAREY
Address 19469 CR 460
City-State-Zip: MOULTON AL 35650

Title S
Name COPELAND, DAVID A
Address 4242 RABBIT POND RD
City-State-Zip: TALLAHASSEE FL 32309

Title S
Name RIDENOUR, SHIRLEY
Address 9912 CHALET CIRCLE
City-State-Zip: BRADENTON FL 34211

Title S
Name CHOATE, KIMBERLY
Address 7308 DESERT RIDGE GLEN
City-State-Zip: LAKEWOOD RANCH FL 34202

I hereby 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 all other like empowered.

SIGNATURE: JAMES W MOSS

PRSIDENT

07/15/2015

Electronic Signature of Signing Officer/Director Detail

Date