

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P12000072610

Entity Name: FLORIDA PHARMACY SOLUTIONS INC.

Current Principal Place of Business:

38444 5TH AVENUE
ZEPHYRHILLS, FL 33542

Current Mailing Address:

38444 5TH AVENUE
ZEPHYRHILLS, FL 33542 US

FEI Number: 46-0840464

Certificate of Status Desired: No

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

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

Title CHAIRMAN, DIRECTOR
Name BROWN, JAMES R
Address 4719 CHAPEL ROAD NW
City-State-Zip: CALGARY, AB T2L 1A7

Title CHEIF OPERATING OFFICER,
DIRECTOR
Name JONCAS, PIERRE RODRIGUE
Address 60 ROCHMAN BLVD.
City-State-Zip: SCARBOROUGH ON M1H 1S2

Title SECRETARY, DIRECTOR
Name BROWN, JANICE
Address 4719 CHAPEL ROAD NW
City-State-Zip: CALGARY, AB T2L 1A7

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

PRESIDENT

08/29/2015

Electronic Signature of Signing Officer/Director Detail

Date