

**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: 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            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  
City-State-Zip: SCARBOROUGH ON M1H

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**

**08/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date