

**2015 FLORIDA PROFIT CORPORATION 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  
Name MOSS, JAMES W  
Address 6205 THOMAS DRIVE, UNIT E5  
City-State-Zip: PANAMA CITY BEACH FL 33544

Title P  
Name FLADD, LINDSAY A  
Address 27729 KIRKWOOD DRIVE  
City-State-Zip: WESLEY CHAPEL 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

CEO

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date