


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90086 001 \*\*\*220.00

**DOCUMENT # 567267**

1. Entity Name  
**FLORIDA PHARMACY JOURNAL, INC.**



Principal Place of Business      Mailing Address  
**610 N. ADAMS STREET**      **610 N. ADAMS STREET**  
**TALLAHASSEE, FL 32301**      **TALLAHASSEE, FL 32301**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



04082007      Chg-P      CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**

**JACKSON, MICHAEL A**  
**610 NO ADAMS STREET**  
**TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 Michael A. Jackson      **MICHAEL A. JACKSON**      **4/8/07**  
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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	ZAENGER, PEGGY A PHARM	
STREET ADDRESS	2627 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	MD	<input type="checkbox"/> Delete
NAME	JACKSON, MICHAEL A	
STREET ADDRESS	6440 JUSTIN GRANT TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCQUONE, MICHAEL J	
STREET ADDRESS	1520 OLD FIELD DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DALIN, GARY	
STREET ADDRESS	13750 PLAZA MANOR DR.	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BERGEMANN, DON	
STREET ADDRESS	214 HOLLOW OAK COURT	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUFFINGTON, DAN	
STREET ADDRESS	6285 E FOWLER AVE	
CITY-ST-ZIP	TAMPA, FL 33617	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAENGER, PEGGY A	
STREET ADDRESS	2627 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATSY POWERS	
STREET ADDRESS	1349 OLD VILLAGE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALIN, GARY	
STREET ADDRESS	13750 PLAZA MANOR DR	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELEGRIN, GREGA	
STREET ADDRESS	3534 SW 11TH STREET	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ULRICH, STUART	
STREET ADDRESS	1811 BANYON CREEK CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael A. Jackson      **MICHAEL A. JACKSON**      **4/08/07**      **(850)222-2400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #