

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567267

FILED
Jan 05, 2010
Secretary of State

Entity Name: FLORIDA PHARMACY JOURNAL, INC.

Current Principal Place of Business:

610 N. ADAMS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

610 N. ADAMS STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-1845552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: JENNIFER, PYTLARZ
Address: 4303 DEER KNOLL COURT
City-St-Zip: BRANDON, FL 33511

Title: MD
Name: JACKSON, MICHAEL A
Address: 6440 JUSTIN GRANT TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT
Name: GRABOWSKI, STEPHEN
Address: 2831 SHIPSTON AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DS
Name: ULRICH, STUART
Address: 1811 BANYAN CREEK CIRCLE NORTH
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD
Name: HARRIS, BETTY
Address: 4920 NE 29TH AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D
Name: KOPTOWSKY, JOSEPH
Address: 14125 SW 46TH TERRACE
City-St-Zip: MIAMI, FL 33175

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: MICHAEL A. JACKSON

EVP

01/05/2010

Electronic Signature of Signing Officer or Director

_____ Date