


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # 731046**

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



Principal Place of Business  
**610 NORTH ADAMS STREET  
 TALLAHASSEE, FL 32301**

Mailing Address  
**610 NORTH ADAMS STREET  
 TALLAHASSEE, FL 32301**

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2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-0248221**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Applied For  
 Not Applicable

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

**JACKSON, MICHAEL A  
 610 NORTH 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

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FALLON, LEO 17158 SE 78 PARLANGE TERRACE THE VILLAGES, FL 33991	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP JACKSON, MICHAEL A 6440 JUSTIN GRANT TRAIL TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOYLES, GLENN 3252 HARNESS CIRCLE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETSOS, KATHY 618 MADISON AVENUE CAPE CANAVERAL, FL 329202213	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MONE, MICHAEL A 8240 MARKET BLVD #2304 CHANHASSEN, MN 55317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEVES-BLUMENTHAL, CARMON 621 ISLAND RD MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALLON, LEO 17158 SE 78 PARLANGE TERRACE THE VILLAGES, FL 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGEMANN, DON 214 HOLLOW OAK COURT TAMPA SPRINGS, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, GOAN 5831 SW 88TH TERRACE COOPER CITY, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PETSOS, KATHY 618 MADISON AVE CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONE, MICHAEL A 1100 N. LINDBERG BLVD SAINT LOUIS, MO 63132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL KAREN 1612 HUNTINGTON PL SAFETY HARBOR, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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** 4/8/07 (850) 222-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #