## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000005575

Entity Name: ASSOCIATED PHARMACIES, INC.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
211 LONNIE E. CRAWFORD BLVD SCOTTSBORA, AL 35769				211 LONNIE E. CRAWFORD BLVD SCOTTSBORO, AL 35769			
Current Mailing Address:				New Mailing Address:			
211 LONNIE E. CRAWFORD BLVD SCOTTSBORA, AL 35769				211 LONNIE E. CRAWFORD BLVD SCOTTSBORO, AL 35769			
FEI Number:	: 63-0955621	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ( )	Certificate of Status D	esired ( )
Name and	Address of (	Current Registered Agent:		Name and	Address of Ne	ew Registered Age	ent:
1201 HAYS TALLAHAS	S STREET SSEE, FL 323			E - la - un min m i			
in the State	e named entity e of Florida.	submits this statement for the	purpose o	or changing i	ts registered on	ice or registered ag	jent, or both,
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ag	ent			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip: Title:	CARLIN, PAUL 211 LONNIE E SCOTTSBORA	CRAWFORD BLVD		Title: Name: Address: City-St-Zip: Title:	CARLIN, PAUL 211 LONNIE E. C SCOTTSBORO,	Change ( ) Addition  CRAWFORD BLVD  AL 35769 US  Change ( ) Addition	
Name: Address: City-St-Zip:	KING, CLINT	CRAWFORD BLVD		Name: Address: City-St-Zip:	KING, CLINT	CRAWFORD BLVD	
Title: Name: Address: City-St-Zip:	COPELAND, J	CRAWFORD BLVD		Title: Name: Address: City-St-Zip:	COPELAND, JOI	CRAWFORD BLVD	
Title: Name: Address: City-St-Zip:	SHIPLEY, BO	) Delete S LAKE DRIVE SUITE 1 _ 33919		Title: Name: Address: City-St-Zip:	S (X) PETTIGREW, GA 2288 NORTH WA BROWNSVILLE,	ASHINGTON	
Title: Name: Address: City-St-Zip:	V ( PIGG, GRAHAI 2622 E. MAIN : LINCOLNTON,	ST		Title: Name: Address: City-St-Zip:	V (X) PIGG, GRAHAM 2622 E. MAIN ST LINCOLNTON, N	Γ	
Title: Name: Address: City-St-Zip:	S ( LITMER, JIM 301 ELM ST LUDLOW, KY	) Delete		Title: Name: Address: City-St-Zip:	C (X) LITMER, JIM 301 ELM ST	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL W. CARLIN SECY 04/22/2008