

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005575

FILED
Mar 16, 2009
Secretary of State

Entity Name: ASSOCIATED PHARMACIES, INC.

Current Principal Place of Business:

211 LONNIE E. CRAWFORD BLVD
SCOTTSBORO, AL 35769

New Principal Place of Business:

Current Mailing Address:

211 LONNIE E. CRAWFORD BLVD
SCOTTSBORO, AL 35769

New Mailing Address:

FEI Number: 63-0955621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS 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: ST () Delete
Name: CARLIN, PAUL
Address: 211 LONNIE E. CRAWFORD BLVD
City-St-Zip: SCOTTSBORO, AL 35769 US

Title: V () Delete
Name: KING, CLINT
Address: 211 LONNIE E. CRAWFORD BLVD
City-St-Zip: SCOTTSBORO, AL 35769 US

Title: CEOP () Delete
Name: COPELAND, JON
Address: 211 LONNIE E. CRAWFORD BLVD
City-St-Zip: SCOTTSBORO, AL 35769 US

Title: S () Delete
Name: PETTIGREW, GARY
Address: 2288 NORTH WASHINGTON
City-St-Zip: BROWNSVILLE, TN 38012 US

Title: V () Delete
Name: PIGG, GRAHAM B
Address: 2622 E. MAIN ST
City-St-Zip: LINCOLNTON, NC 28092 US

Title: C () Delete
Name: LITMER, JIM
Address: 301 ELM ST
City-St-Zip: LUDLOW, KY 41016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: CARLIN, PAUL W
Address: 211 LONNIE E. CRAWFORD BLVD
City-St-Zip: SCOTTSBORO, AL 35769 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

_____ Electronic Signature of Signing Officer or Director

SECY

03/16/2009

_____ Date