

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005575

FILED  
Apr 26, 2010  
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  
Name: CARLIN, PAUL W  
Address: 211 LONNIE E. CRAWFORD BLVD  
City-St-Zip: SCOTTSBORO, AL 35769 US

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

Title: C  
Name: JACKSON, KEN  
Address: 2301 OKEECHOBEE ROAD  
City-St-Zip: FT. PIERCE, FL 34950 US

Title: D  
Name: LITMER, JIM  
Address: 301 ELM STREET  
City-St-Zip: LUDLOW, KY 41016 US

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: PAUL CARLIN

ST

04/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date