2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004
Secretary of State

DOCUMENT# G92448

Entity Name: HILLIARD PHARMACY, INC.

Current Principal Place of Business:

541661 US HWY 1
P.O. BOX 250
HILLIARD, FL 32046

New Principal Place of Business:

551770 US HWY 1
P.O. BOX 250
HILLIARD, FL 32046

Current Mailing Address:

541661 US HWY 1
P.O. BOX 250
HILLIARD, FL 32046

New Mailing Address:

551770 US HWY 1
P.O. BOX 250
HILLIARD, FL 32046

FEI Number: 59-2395236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURGESS, GRANVILLE C.
303 CENTRE STREET
SUITE 200
FERNANDINA BEACH, FL 32034 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: WAINRIGHT, MARION,
Address: MATTHEW RD.
City-St-Zip: FOLKSTON, GA 31537

Title: V ( ) Delete
Name: WAINRIGHT, DIANE,
Address: MATTHEW RD.
City-St-Zip: FOLKSTON, GA 31537

Title: P ( ) Delete
Name: THIGPEN, KAREN W.,
Address: 701 KINGSLAND DR
City-St-Zip: FOLKSTON, GA 31537

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: KAREN W THIGPEN P 05/20/2004

Electronic Signature of Signing Officer or Director — Date