2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# G92448

Entity Name: HILLIARD PHARMACY, INC.

Current Principal Place of Business:

551770 US HWY 1
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

THIGPEN, KAREN W MRS.
551770 US HWY 1
HILLIARD, FL 32046 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

OFFICERS AND DIRECTORS:

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

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

Title: P
Name: THIGPEN, KAREN W.
Address: 211 KINGSLAND DR
City-St-Zip: FOLKSTON, GA 31537

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: KAREN W. THIGPEN PRES 04/26/2012

Electronic Signature of Signing Officer or Director — Date