


2006 FOR PROFIT CORPORATION ANNUAL REPORT

| | |
|--|---|
| DOCUMENT # K03112 1. Entity Name PHARMACIST PREFERRED, INC. |  |
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FILED
 06 APR 27 AM 11:23
 TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 3375 - I CAPITAL CIR NE TALLAHASSEE, FL 32308 | Mailing Address 3375 - I CAPITAL CIR NE TALLAHASSEE, FL 32308 |
|---|---|



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 59-3019781 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

FUCARINO, DAN
 3375-I CAPITAL CIRCLE NE
 TALLAHASSEE, FL 32308

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | C |
| NAME | FUCARINO, DAN |
| STREET ADDRESS | 3375-I CAPITAL CIR NE 10205 LAKE CARROLL WAY |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 TAMPA, FL 33618 |
| TITLE | T |
| NAME | BURNSIDE, ROBERT H |
| STREET ADDRESS | 3375-I CAPITAL CIR NE 6 TWICKENHAM CT. |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 COLUMBIA, SC 29204 |
| TITLE | D |
| NAME | STAMITOLES, MIKE |
| STREET ADDRESS | 2830 INVERNESS CT. |
| CITY-ST-ZIP | PENSACOLA, FL 32504 |
| TITLE | S |
| NAME | PARKER, RON |
| STREET ADDRESS | 3375-I CAPITAL CIRCLE NE 5020 COMMERCE PARK CIR |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 PENSACOLA, FL 32505 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 05/08/06--01015--020 **450.00

JES/18

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia Mincy CYNTHIA MINCY 04-21-06 850-656-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #