

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003082

FILED  
May 18, 2009  
Secretary of State

**Entity Name:** THE COMMUNITY PHARMACY OF SARASOTA COUNTY, INC.

**Current Principal Place of Business:**

225 TAMIAMI TRAIL SOUTH  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

225 TAMIAMI TRAIL SOUTH  
NOKOMIS, FL 34275

**New Mailing Address:**

**FEI Number:** 26-2295558      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHMIELEWSKI, KIMBERLY  
225 TAMIAMI TRAIL SOUTH  
NOKOMIS, FL 34275      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: D      ( ) Delete  
Name: HYMEL, LISA MARIE  
Address: 16507 UPPER MANATEE RIVER ROAD  
City-St-Zip: BRADENTON, FL 34212

Title: D      ( ) Delete  
Name: FRANK, DEBORAH  
Address: 4558 SAN SIR DRIVE  
City-St-Zip: SARASOTA, FL 34235

Title: D      ( ) Delete  
Name: TWARDOSKY, DORIS A  
Address: 1475 CREST DRIVE  
City-St-Zip: ENGLEWOOD, FL 34233

Title: D      ( ) Delete  
Name: CHMIELEWSKI, KIMBERLY  
Address: 5225 ATHENS WAY  
City-St-Zip: VENICE, FL 34293

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY CHMIELEWSKI

D

05/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date